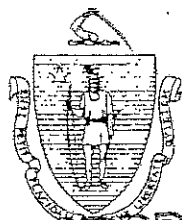


*Ameridose, LLC –*

**Application to Manage & Operate a New Community Pharmacy  
– 205 Flanders (2008)**

INSPECTION  
REPORT  
INCLUDED

COMPLETE



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure

Board of Registration in Pharmacy  
239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor  
Boston, MA 02114

AUG 14 2008

(800) 414-0168 (office) / 617-973-0983 (fax)

<http://www.mass.gov/dph/boards/ph>

BOARD OF  
PHARMACY

APPROVED

EFFECTIVE DATE: 11/21/08

DATE: 9/1/08

\* SUBJECT TO COMING INSPECTION  
WANTER 8/21/08 12:47 PM (4)

APPLICATION TO MANAGE AND OPERATE A NEW COMMUNITY PHARMACY

CF 89641

DS 89641  
CS 89641

I hereby apply for a permit to operate a store for the transaction of retail drug business in accordance with the provisions of Chapter 112, General Laws.

\$351.00 licensure / application fee. Make check or money order for \$351.00 payable to the Commonwealth of Massachusetts. This fee is non-refundable and non-transferable.

1. Legal Name of Business. AMERIDOSE, LLC
2. Full Business Address (Street Address, City, State and Zip). 205 FLANDERS ROAD  
WESTBOROUGH, MA 01581
3. Area Code and Telephone Number. (888) 820-0622
4. All trade or business names ("D.B.A." names) used by same Corporation or by License. AMERIDOSE, LLC

5. Type of ownership or operation (i.e., sole proprietorship, partnership, corporation). LIMITED  
LIABILITY COMPANY

If corporation, please submit articles of corporation signed and sealed by the Secretary of State if the corporation is incorporated in the Commonwealth; if the corporation is incorporated in another state, please submit the corporation name, website and phone number. PLEASE SEE ATTACHMENT "A"

6. Names(s) and Social Security Number(s) of the owner(s) and/or operator(s) of the licensee. Please indicate type of ownership - Partnerships: the name of each partner and name address of partnership; Corporations: the name and title of each corporate officer and director, the corporate names, name and address of parent company, if any, and the State of incorporation; Sole Proprietorship: the name of the sole proprietor and the address of the business entity. PLEASE SEE ATTACHMENT "B"

7. Name of registered pharmacist charged with the management of the pharmacy. STEVEN PERRY, RPh

8. Registration number of above manager. 17303

9. Name(s) and registration number(s) of staff pharmacist(s) employed at pharmacy. STEVEN PERRY, RPh  
17303

ADDITIONAL PHARMACISTS SHALL BE HIRED PRIOR TO OPENING

10. (a) Have any of the applicant(s) and/or managers-in-charge had: 1) any convictions related to the distribution of drugs (including samples); 2) any felony convictions; 3) any suspension(s) or revocation(s) or other sanction(s) by federal, state or local governmental agency of any license or registration currently or previously held by the applicant or license for the manufacture, distribution, or dispensing of any drugs, including controlled substances? Yes \_\_\_\_\_ No ☒ \_\_\_\_\_  
If yes, provide a full explanation. (Attach additional sheets if necessary)

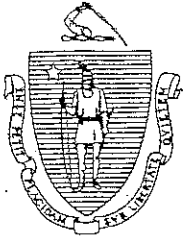
(b) Have any applications for licensure been denied by any federal or state agency including any state board of pharmacy? List and explain. (Attach additional sheets if necessary)

NO

11. The applicant/licensee must notify the Board in writing of any changes in ownership or management within thirty (30) days of such change(s).
12. Social Security Number of the Pharmacy Manager (Mandatory). [REDACTED]  
Pursuant to M.G.L. c. 62C, s. 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.
13. List any licenses/certifications held by the Pharmacy Manager in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please include a certificate of standing from each state or jurisdiction in which you are licensed/certified in a signed sealed envelope. The verification must indicate the status of your license and any relevant disciplinary information. (Attach additional sheets if necessary) MASSACHUSETTS REGISTERED PHARMACIST  
LICENSE # 17303, ATTACHMENT "C"
14. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes \_\_\_\_\_ No ☒ \_\_\_\_\_  
If yes, please state the details (Attach additional sheets if necessary)
15. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes \_\_\_\_\_ No ☒ \_\_\_\_\_  
If yes, please state the details (Attach additional sheets if necessary)
16. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes \_\_\_\_\_ No ☒ \_\_\_\_\_  
If yes, please state the details (Attach additional sheets if necessary)
17. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes \_\_\_\_\_ No ☒ \_\_\_\_\_  
If yes, please state the details (Attach additional sheets if necessary)

18. Pursuant to Board Regulations at 247CMR § 6.01(3), The Board shall not register nor permit ownership of

*Board Seal*



DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
SECRETARY

JOHN AUERBACH  
COMMISSIONER

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure

Board of Registration in Pharmacy  
239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor  
Boston, MA 02114  
(800) 414-0168  
<http://www.mass.gov/reg/boards/ph>

December 1, 2008

Re: Certified Statement of Registration

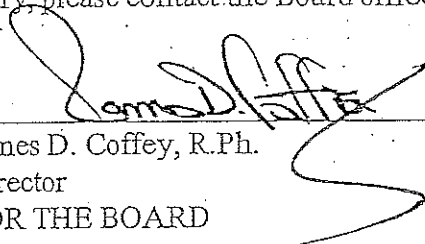
Ameridose, LLC  
205 Flanders Road  
Westborough, MA 01581

COPY

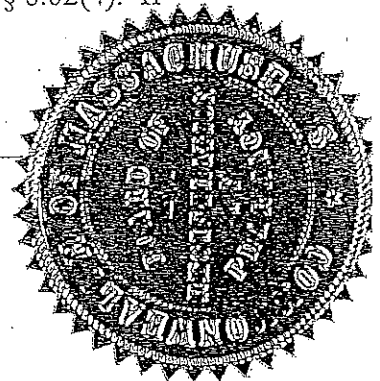
To Whom It May Concern:

This letter serves as confirmation that Ameridose LLC, located at 205 Flanders Road, Westborough, MA 01581, is currently licensed and in good standing with the Massachusetts Board of Registration in Pharmacy (Board). The records of the Board indicate that no prior discipline has been taken against said licenses and that the licenses are current, with no encumbrances.

The above-referenced pharmacy (special or limited use pharmacy) was issued Drug Store (DS) Permit No. DS89641, and Drug Store Controlled Substance (CS) Registration No. CS89641 and Drug Store (DS) Certificate of Fitness (CF) Registration No. CF89641 and on November 21, 2008. The Board approved the following waiver for such pharmacy; 247 CMR § 6.02(4). If additional information is necessary, please contact the Board office.

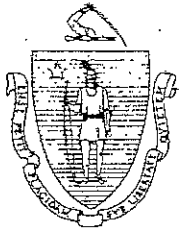
  
James D. Coffey, R.Ph.  
Director  
FOR THE BOARD

SEAL



Registration verification can be obtained over the Internet:  
[www.mass.gov/reg/boards/ph](http://www.mass.gov/reg/boards/ph)

The information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Division of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the 'Certified Statement.' Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.



# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Division of Health Professions Licensure

Board of Registration in Pharmacy

239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor

Boston, MA 02114

<http://www.mass.gov/reg/boards/ph>

PH (617) 973-0960 FAX (617) 973-0980 TTY (617) 973-0895

## APPLICATION FOR A CERTIFICATE OF FITNESS

**Manager of Record Must Complete Application. Fee: \$120.00**

I, STEVEN PERRY (name), at (888) 820-0622 (telephone),  
of 205 FLANDERS ROAD (street address), WESTBOROUGH (city),  
MA (state), 01581 (zip code), a registered pharmacist, certificate number 17303 being now  
actively engaged in conducting a retail drug business as sole owner or Manager of Record for the firm /  
corporation of AMERIDOSE, LLC do hereby apply  
for **CERTIFICATE OF FITNESS**, claiming to be a proper person to be entrusted with the authority to:

- 1) Use alcohol for the manufacture of United States Pharmacopeia and National Formulary preparations and all medicinal preparations unfit for beverage purposes,
- 2) Sell, in accordance with the laws of the Commonwealth, alcohol and alcoholic liquors, and that the public good will be promoted by the granting of such license.

I certify that I have not been convicted of a violation of said laws within one year prior to the date of this application.

I agree to notify the board at once if I cease to conduct the retail drug business at the above location and will return the certificate issued thereon.

Signed [Signature]

Date 8-11-08

Please submit non-refundable check or money order for \$120.00 payable to the Commonwealth of Massachusetts.

- Please do not write below this line -

Check \$ 130  
Number 1031

M.O. \_\_\_\_\_  
Date 8/21/08



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure

Board of Registration in Pharmacy  
239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor  
Boston, MA 02114  
<http://www.mass.gov/reg/boards/ph>  
PH (617) 973-0960. FAX (617) 973-0980 TTY (617) 973-0895

APPLICATION FOR MA CONTROLLED SUBSTANCE REGISTRATION  
FEE: \$151.00

I hereby apply for Registration under Mass. Controlled Substances Act-M.G.L. 94C Section 7.

Applicant Name (Corporation) AMERIDOSE, LLC

Business Address 205 FLANDERS ROAD  
(No. and Street)  
WESTBOROUGH MA 01581  
(City or Town) (State) (Zip Code)

Registration Classification:

(a) ☒ Retail Drug Store (Pharmacy / Pharmacy Dept.)

(b) ☐ Wholesale Distributor

(c) ☐ Nuclear

FEIN Number: 204253511

Drug Schedule

FOR BOARD USE ONLY		
Cash <u>                    </u>	Check <u>                    </u>	
No. <u>                    </u>	Date <u>                    </u>	M.O. <u>                    </u>


Please check applicable controlled substance(s):

Schedule II      Schedule III      (✓) Schedule IV      (✓) Schedule V      (✓) Schedule VI  
(✓) Non-Narcotic      (✓) Non-Narcotic  
(✓) Narcotic      (✓) Narcotic

If applicable, notate current Drug Store Permit Number: PENDING

If applicable, notate current Wholesale Distributor / Druggist License Number: N/A

Signature of Applicant

 UP+6M  
(Owner of facility must sign application)

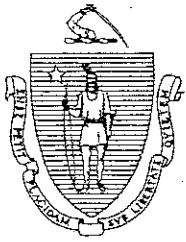
Name of Applicant whose signature appears above GREGORY A. CONIGLIARO

Please submit check or money order for \$151.00 payable to the Commonwealth of Massachusetts.

**WARNING:**

In accordance with Chapter 94 M.G.L. Sec 13, the Board of Registration in Pharmacy in the case of a retail drug business or wholesale druggist, may suspend or revoke a registration to manufacture, distribute, dispense or possess a controlled substance after a hearing pursuant to the provisions of Chapter 34A and upon finding that the registrant has furnished false or fraudulent information in any application filed under the provisions of Chapter 94C.





The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure

Board of Registration in Pharmacy  
239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor  
Boston, MA 02114

<http://www.mass.gov/reg/boards/ph>

PH (617) 973-0960 FAX (617) 973-0980 TTY (617) 973-0895

**PHARMACY HOURS**

Name of Store Ameridose, LLC

Street 205 Flanders Road


City or Town Westborough, MA Zip Code 01581

Phone Number 888-820-0622

	Open	Close	Hours
Monday	<u>6:00am</u>	<u>8:00pm</u>	<u>14</u>
Tuesday	<u>6:00am</u>	<u>8:00pm</u>	<u>14</u>
Wednesday	<u>6:00am</u>	<u>8:00pm</u>	<u>14</u>
Thursday	<u>6:00am</u>	<u>8:00pm</u>	<u>14</u>
Friday	<u>6:00am</u>	<u>8:00pm</u>	<u>14</u>
Saturday	<u>6:00am</u>	<u>6:00pm</u>	<u>12</u>
Sunday	<u>Closed</u>		

Total Hours Per Week 82

August 8, 2008  
Date

  
Signature of Manager of Record or Duly Authorized Representative

Steven Perry, RPh

Print Full Name

# AMERIDOSE

205 Flanders Road, Westborough, MA 01581

August 8, 2008

Mr. James D. Coffey, RPh, Director  
Massachusetts Board of Registration in Pharmacy  
Department of Public Health  
Division of Health Professions Licensure  
239 Causeway Street, Suite 200, 2nd Floor  
Boston, MA 02114

Received

AUG 14 2008

BOARD OF  
PHARMACY

Dear Mr. Coffey,

Please find attached our Application for Registration to Manage and Operate a New Community Pharmacy as well as supporting applications and drawings.

This new pharmacy shall be located at 205 Flanders Road in Westborough, Massachusetts. The pharmacy has been designed and shall be constructed to act as a fully redundant location for our Framingham, MA pharmacy. This designed-in redundancy shall insure uninterrupted patient care in the case of a wide range of natural and man-made disasters.


The new pharmacy shall be built with the same high standards as our Framingham pharmacy. The clean rooms and hoods shall be certified and validated. The area shall be equipped with card access entry control technology as well as connected to the facility-wide alarm system monitored 24/7/365 by ADT. Existing Ameridose, LLC Standard Operating Procedures will apply to all areas.

We are confident that the medications dispensed from our Westborough location will fill an urgent need in the Massachusetts healthcare environment and enhance public health, welfare and safety.

I may be reached at 508-656-2633 should you require further information. Thank you for your consideration.

Sincerely,

AMERIDOSE, LLC.



Gregory Conigliaro

Vice President and General Manager



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

August 6, 2008

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**AMERIDOSE, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on February 8, 2006.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:  
**GREGORY CONIGLIARO, BARRY J. CADDEN**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **GREGORY CONIGLIARO, BARRY J. CADDEN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **GREGORY CONIGLIARO, BARRY J. CADDEN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

AMERIDOSE, LLC  
CERTIFICATE OF ORGANIZATION

FEB 08 2006

SECRET  
STATE OF MASSACHUSETTS  
CORPORATE REGISTRATION

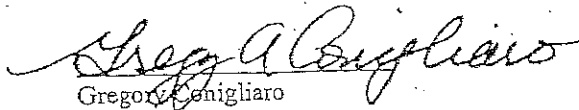
Pursuant to the provisions of the Massachusetts Limited Liability Company Act (the "Act") the undersigned hereby certifies as follows:

1. Name of the Limited Liability Company. The name of the limited liability company formed hereby (the "Company") is Ameridose, LLC.
2. Office of the Limited Liability Company. The address of the office of the Company in the Commonwealth required to be maintained by Section 5 of the Act is 50 Fountain Street, Framingham, MA 01702.
3. Agent for Services of Process. The name and address of the resident agent for services of process for the Company is Gregory Conigliaro, 50 Fountain Street, Framingham, MA 01702.
4. Date of Dissolution. The Company is to have no specific date of dissolution.
5. Manager. The Managers are:  
  
Gregory Conigliaro  
50 Fountain Street  
Framingham, MA 01702  
  
Barry J. Cadden  
50 Fountain Street  
Framingham, MA 01702
6. Execution of Documents. Either Manager is authorized to execute any documents to be filed with the Secretary of State of the Commonwealth of Massachusetts.
7. Business of the Company.
  - (a) To provide unit dose repackaging services;
  - (b) To exercise all other powers necessary to or reasonably connected with the Company's business that may be legally exercised by limited liability companies under the Act; and
  - (c) To engage in all activities necessary, customary, convenient, or incident to any of the foregoing.
8. Execution of Documents Relating to Real Property. Either Manager is authorized

ATTACHMENT "A"

to execute, acknowledge, deliver and record any recordable instrument on behalf of the Company purporting to affect any interest in real property, whether to be recorded with a registry of deeds or a district office of the Land Court.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true, this 6 day of February, 2006.

  
Gregory A. Benigliaro

ATTACHMENT "A"

Check/Voucher # 89

The Commonwealth of Massachusetts  
Limited Liability Company  
(General Laws, Chapter 156C)

989316

SECRETARY OF THE  
COMMONWEALTH

2006 FEB -8 PM 2:42

COMMUNICATION DIVISION

Filed this 8 day February, 2006

*William Francis Galvin*

William Francis Galvin  
Secretary of the Commonwealth

Name JONATHAN D TAMKIN

Phone 617 964 2501

# Ameridose, LLC

205 Flanders Road, Westborough, MA 01581

Tel: 508-656-2633

Fax: 508.872-0044

## TYPE OF OWNERSHIP

Limited Liability Company

Organized in the Commonwealth of Massachusetts, February 8, 2006

F.I.D. 20-4253511

## COMPANY OPERATORS/MANAGERS

1. Gregory A. Conigliaro, Manager, VP, GM

[REDACTED]

2. Barry J. Cadden, R.Ph., Manager

[REDACTED]

## LLC OWNERS

1. Carla R. Conigliaro, Member  
Ownership: 55% membership interest

[REDACTED]

2. Barry J. Cadden, R.Ph., Member  
Ownership: 17.5% membership interest

[REDACTED]

3. Lisa M. Conigliaro Cadden, R.Ph., Member  
Ownership: 17.5% membership interest

[REDACTED]

4. Gregory A. Conigliaro, Member  
Ownership: 10% membership interest

[REDACTED]

ATTACHMENT "C"

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION

IN PHARMACY

ISSUES THIS LICENSE AS A

REGISTERED PHARMACIST

TO  
STEVEN PERRY

[REDACTED]

[REDACTED]

17303

12/31/08

331815

LICENSE NO.

EXPIRATION DATE

SERIAL NO.

*[Signature]*  
Signature



ATTACHMENT "C"

DPH CONTROL # 471147

**IMPORTANT**

If this license becomes lost or destroyed, notify your Board at the: Division of Health Professions Licensure, 239 Causeway St., Suite 200, 2nd Floor, Boston, MA 02114

If your name or address change, notify your Board to insure the proper mailing of your next Renewal Application. Always refer to your license number when corresponding with your Board. This license is subject to the provisions of the General Laws as amended. It is a privilege, and cannot be loaned or assigned to any other entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: <http://mass.gov/dph/boards>

The Official Website of the Office of Consumer Affairs & Business Regulation (OCABR)

## Division of Professional Licensure

Mass.Gov

[Mass.Gov Home](#) [State Agencies](#) [State Online Services](#)

[Home](#) > [Division of Professional Licensure](#) >

### Check A Professional License

By the [Division of Professional Licensure](#)

#### SEARCH

Office of Consumer Affairs

#### LICENSEE

Name: STEVEN PERRY  
MANSFIELD, MA

[NEW SEARCH](#)

Licensing Board: [PHARMACY](#)  
License Type: PHARMACISTS  
License Number: 17303  
Status: [CURRENT](#)  
Expiration Date: 12/31/2008  
Issue Date: 6/30/1978  
Exam Date: 6/30/1978  
School: MASS COLL OF PH

This web site displays disciplinary actions dating back to 1993.  
This license has had no disciplinary actions taken during this time.

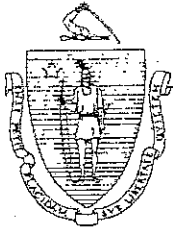
#### ONLINE SERVICES

[Check a License](#)  
[Locate a Licensed Professional](#)  
[Online Address Change](#)  
[Contact the Agency](#)  
[More...](#)

#### REFERENCES & RELATED INFO

[Disclaimer Regarding Website License Searches](#)  
[Enforcement Process Glossary](#)  
[Help on License Search](#)  
[More...](#)

The page above has been generated by the Division of Professional Licensure web server on Monday, August 11, 2008 at 9:11:56 AM.



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure

Board of Registration in Pharmacy  
239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor  
Boston, MA 02114

<http://www.mass.gov/reg/boards/ph>  
PH (617) 973-0960 FAX (617) 973-0980 TTY (617) 973-0895

**PETITION FOR A WAIVER OF THE PROVISIONS OF 247 CMR  
LICENSURE OF A PHARMACY AND OR PHARMACY DEPARTMENT**

Application to be completed by the registered pharmacist who is or shall be responsible for the management and operation of the pharmacy and or pharmacy department.

Pursuant to 247 CMR (14.01), I hereby apply for a special or limited use pharmacy or pharmacy department permit because the type of pharmacy practice is of a special, limited or unusual nature as compared to regular pharmacy services.

Name of pharmacy and or pharmacy department: *AMERIDOSE, LLC*

Location: *205 FLANDERS ROAD, WESTBOROUGH, MA 01581*

Phone number: *(888) 820-0622*

Contact Person: *STEVEN PERRY, RPh*

Please use separate sheets to complete the following and attach sheets to application:

1. List the regulatory requirements(s) for which a waiver is requested and provide an explanation as to why each regulation should not apply to the pharmacy/pharmacy department.
2. Explain the compelling public interest that would be served by the granting of a waiver.
3. Explain why adherence to the regulation(s) would be impractical and unduly burdensome.
4. Include a comprehensive statement of the policies and procedures of the proposed operation, including safeguards to protect the public health, welfare and safety.

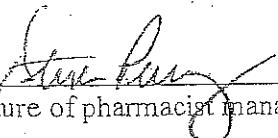
Before acting upon any petition the Board may require the applicant to personally appear before the Board to answer questions that would enable the Board to determine that the issuance of a permit would be in the best interest of the public health, welfare and safety and adherence to 247 CMR would be unreasonable.

Upon the granting of a waiver and issuance of a special or limited-use permit, the Board will issue a written finding that recites the specific Board regulations(s) which are being waived, the reasons the Board is waiving the regulation(s) at issue, and lists and contingent restrictions under which the pharmacy or pharmacy department may operate.

I declare that the statement and answered herein-contained are true and are made under the pains and penalties of perjury.

STEVEN PERRY 17303

Name and MA license no. of pharmacist manager of record



Signature of pharmacist manager of record

8-11-2008

Date

## Petition for a Waiver of the Provisions of 247 Licensure of a Pharmacy and or Pharmacy Department

1. *List the regulatory requirements(s) for which a waiver is requested and provide an explanation as to why each regulation should not apply to the pharmacy/pharmacy department.*

247 CMR 6.02 (4) -- The pharmacy or pharmacy department shall maintain on premise at all times a sufficient variety and supply of medicinal chemicals and preparations which are necessary to compound and dispense commonly prescribed medications in accordance with the usual needs of the community

We are requesting a waiver to the above provision. It is our opinion that Ameridose's pharmacy practice is of a special limited or unusual nature compared to the regular retail pharmacy.

2. *Explain the compelling public interest that would be served by the granting of a waiver.*

Ameridose serves the public interest by offering high quality sterile IV admixtures, TPNs and repackaging services to hospital pharmacy departments, clinics and physician's offices - our community. Ameridose will not service the public directly. We do not intend to maintain or dispense all standard prescription medications as may be found in a typical retail pharmacy setting. Rather, we will be a conduit to improved patient care and safety by offering high quality medications to the above entities subject to factors such as beyond use dating and other safety considerations.

The need for our services has spawned from the rapidly changing regulatory environment which the pharmacy departments and clinics are now tasked to manage, including JCAHO and USP requirements. As a result, hospitals and clinics are seeking to outsource these critical services. Our trained registered pharmacists and certified technicians will be able to concentrate on preparing the highest quality medications, while our clients will be freed up to focus on the needs and care of their patients, which is what they do best. The services provided by Ameridose to healthcare institutions, clinics and physicians across the Commonwealth is urgently needed and will absolutely enhance public health, welfare and safety.

3. *Explain why adherence to the regulation(s) would be impractical and unduly burdensome.*

The regulation in question is impractical and unduly burdensome in this instance - we will be unable to offer all prescription medications typically found in a retail pharmacy and/or available from a wholesaler. Due to the specialized nature of the equipment, facilities and personnel required to provide our unique IV admixture, TPN and repackaging services, the maintenance and dispensing of typical manufactured medications would be incongruent with our mission.

It should be noted, that there are approximately nineteen (19) standard retail pharmacies currently located in Westborough, MA as well as several wholesalers in-state. As such, medications required by the public that we do not plan to dispense at Ameridose are readily available in the local community.

4. *Include a comprehensive statement of the policies and procedures of the proposed operation, including safeguards to protect the public health, welfare and safety.*

All of our high quality sterile IV admixtures, including TPNs, will be prepared in a controlled environment, using the latest Laminar Flow Technology contained within a state-of-the-art ISO 6 Cleanroom.

Ameridose has developed and shall maintain a complete set of Standard Operating Procedures (SOPs). Chapters include: Guidelines for Preparations, Facilities and Cleaning Procedures, Equipment and Supplies, Pharmacy Practice, Sterilization and Depyrogenation and Quality Assurance/Quality Control. All of these SOPs shall be reviewed and followed by all pharmacists and technicians on an ongoing basis. Ameridose has developed and shall maintain a company-wide Quality Assurance Program. This program shall insure real-time improvements to our operations on a continual basis.

Ameridose's "above and beyond mentality" shall insure that safeguards are always in place to protect the public health, welfare and safety.

# AMERIDOSE

205 Flanders Road, Westborough, MA 01581

August 8, 2008

Mr. James D. Coffey, RPh, Director  
Massachusetts Board of Registration in Pharmacy  
Department of Public Health  
Division of Health Professions Licensure  
239 Causeway Street, Suite 200, 2nd Floor  
Boston, MA 02114

AUG 14 2008  
BOARD OF  
PHARMACY

Dear Mr. Coffey,

Please find attached our Application for Registration to Manage and Operate a New Community Pharmacy as well as supporting applications and drawings.

This new pharmacy shall be located at 205 Flanders Road in Westborough, Massachusetts. The pharmacy has been designed and shall be constructed to act as a fully redundant location for our Framingham, MA pharmacy. This designed-in redundancy shall insure uninterrupted patient care in the case of a wide range of natural and man-made disasters.


The new pharmacy shall be built with the same high standards as our Framingham pharmacy. The clean rooms and hoods shall be certified and validated. The area shall be equipped with card access entry control technology as well as connected to the facility-wide alarm system monitored 24/7/365 by ADT. Existing Ameridose, LLC Standard Operating Procedures will apply to all areas.

We are confident that the medications dispensed from our Westborough location will fill an urgent need in the Massachusetts healthcare environment and enhance public health, welfare and safety.

I may be reached at 508-656-2633 should you require further information. Thank you for your consideration.

Sincerely,

AMERIDOSE, LLC.



Gregory Conigliaro  
Vice President and General Manager

BOARD OF REGISTRATION IN PHARMACY  
MEETING AGENDA  
TUESDAY SEPTEMBER 09, 2008  
MASSACHUSETTS COLLEGE OF PHARMACY & HEALTH SCIENCES  
179 LONGWOOD AVENUE-WHITE HALL (3<sup>rd</sup> Floor)  
BOSTON, MA 02115

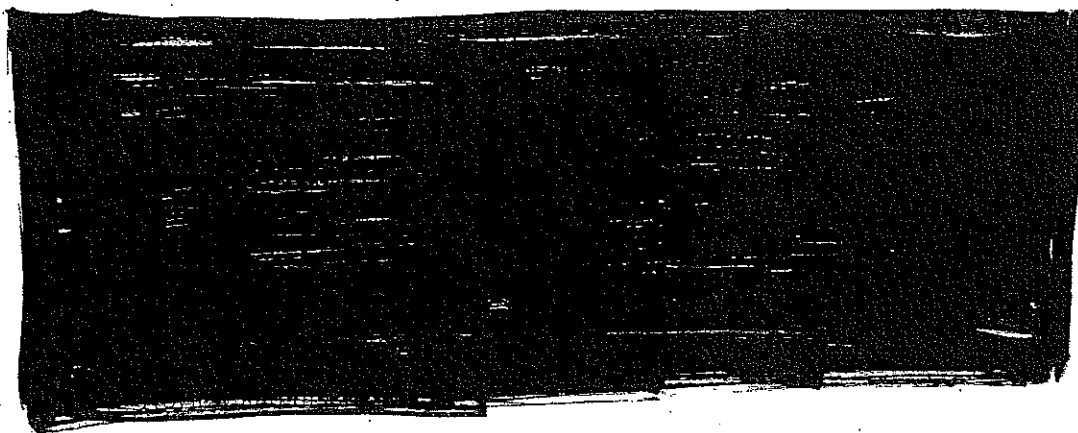
AGENDA ITEMS

1. 9:00 a.m. CALL TO ORDER  
President Sophia Pasedis, Pharm.D., R.Ph.
2. 9:05 a.m. INTRODUCTIONS  
Dr. Douglas J. Pisano, Ph.D., R.Ph., Professor & Dean, Massachusetts College of Pharmacy Boston & Allied Health Sciences (MCPHS), Dennis G. Lyons, R.Ph., V.P., Alumni and Professional Affairs, and Kathy Keough, MS, Ex. Dir., Government Affairs, MCPHS
  - a. MCPHS Faculty and Staff
  - b. Margaret C. Cittadino, Assoc. Dir., Board of Registration in Pharmacy
  - c. Board Extern - Nunziatina Fabbo, Pharm.D. Candidate 2008, MCPHS
- 9:15 a.m. REVIEW/ADOPTION OF BOARD MINUTES  
► June 24, 2008
3. 9:20 a.m. LICENSING: Pharmacy/Wholesale Distributor Applications  
(no handout/applications on file) – Assoc. Dir. Cittadino
  - New Pharmacy/Pharmacy Department (4)  
CVS/pharmacy 5493 - Proposed: 336 Bridge St., Lowell 01850  
CVS/pharmacy 1252 - Proposed: 874 Harrison Ave., Boston 02118  
Target PharmacyT-2258 - Proposed: 1 Hawes Way, Stoughton 02072  
Walgreen's Pharmacy 10562 - Proposed: 4 Central Sq., Bridgewater 02324
  - Change of Manager (17)  
CVS/pharmacy 672, Malden (Reg. No. 24513)  
CVS/pharmacy 1009, Charlestown (Reg. No. 1529)  
CVS/pharmacy 26, Medford (Reg. No. 2912)  
Careplus CVS/pharmacy 8414, Worcester, (Reg. No. 3235)  
CVS/pharmacy 1845, Wilmington (Reg. No. 3595)  
CVS/pharmacy 252, Medford (downtown) (Reg. No. 17001)  
CVS/pharmacy 5826, North Easton (Reg. No. 3291)  
CVS/pharmacy 2283, Dorchester (Reg. No. 2844)  
CVS/pharmacy 736, Bedford (Reg. No. 1039)  
CVS/pharmacy 75, Lynn (Reg. No. 3535)  
CVS/pharmacy 1247, Wareham (Reg. No. 2949)  
Hannaford Pharmacy, Waltham (Reg. No. 3578)  
North Shore Pharmacy, Wakefield (Reg. No. 3458)  
Rite-Aid Pharmacy 10191, Dennisport (Reg. No. 2792)



Stop & Shop Pharmacy 498, Somerville (Reg. No. 3350)  
Walgreens Pharmacy 10650 Brockton (Reg. No. 3562)  
Wal-Mart Pharmacy 10-2012 North Oxford (Reg. No. 2749)

- Renovation/Expansion (1)  
New England Life Care, Woburn (Reg. No. 3513)
  - Relocation – Pharmacy/Pharmacy Department (1)  
Rite-Aid Pharmacy 10153, 1150 Saratoga St., Boston, 02128 (Reg. No. 3099) TO  
969 Bennington St., Boston 02128
  - Relocation – Nuclear Pharmacy (1)  
Mallinckrodt, Inc. 300 John Dietsch Blvd, N. Attleboro 02763 (Nuclear Reg. No. 2)  
TO 65 Shawmut Ave., Canton, 02021 (pending)
  - Relocation – Wholesale Distributor: (1)  
Mallinckrodt, Inc. 300 John Dietsch Blvd, N. Attleboro 02763 (WD Lic. No. 387 /  
Schedule VI Controlled Substances) TO 65 Shawmut Ave., Canton, 02021 (pending)
  - Pharmacy Transfer of Ownership (1)  
West Concord Pharmacy, Inc., 1212 Main St., Concord, MA 01742 (Reg. No. 1472)  
TO Concord Pharmacy, Inc. d/b/a West Concord Pharmacy 1212 Main St., Concord,  
MA 01742 (Pending).
5. 9:30 a.m. UPDATES  
Dir. Coffey
6. 9:45 a.m. REPORT OF OFFICE OF GENERAL COUNSEL  
Pending Legal Matters - Susan Manning, Board Counsel  
*Closed Session* (M.G.L. c. 112, s. 65C and c. 30A, s. 11A)



7. 10:15 a.m. – NEW PHARMACY APPLICATION/Appearance

Ameridose, LLC – Proposed: 205 Flanders Rd., Westborough, MA 01581.  
Proposed Manager of Record - Stephen Perry, R.Ph. (Pharmacist No. 17303).

Continuation of discussion of new pharmacy application, which includes a request for

waiver of 247 CMR Section 6.02, subsection (4) :

“(4) The pharmacy or pharmacy department shall maintain on the premises at all times a sufficient variety and supply of medicinal chemicals and preparations which are necessary to compound and dispense commonly prescribed medications in accordance with the usual needs of the community.”

8. 11:00 a.m. – REPORT OF OFFICE OF INVESTIGATIONS (no handout)  
File Review - Samuel J. Penta, R.Ph., Supervisor/Investigator; James C. Emery, Investigator; Leo A. McKenna, Pharm.D., R.Ph., QA Coordinator
9. 12:00 p.m. – MCPHS PRESENTATION
10. 12:30 p.m. – Presentation (Public Service Recognition)  
✓ Karen M. Ryle, M.S., R.Ph.
11. LUNCH
12. FLEX DISCUSSION

**New Business**

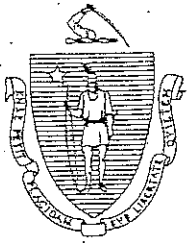
- a) NABP/AACP District 1 & 2 Annual Meeting, Seaview Marriott, Galloway Township, NJ: October 16-18, 2008
- b) In the matter of LAC: Pharmacy Intern Applicant  
Approve/deny/conditions – application for Pharmacy Internship Registration
- c) In the matter of LJG: Pharmacy Technician Applicant  
Approve/deny/conditions – application for Pharmacy Technician Registration
- d) In the matter of MJF: Pharmacy Technician Applicant  
Approve/deny/conditions – application for Pharmacy Technician Registration
- e) In the matter of KMA: Pharmacy Technician Applicant  
Approve/deny/conditions – application for Pharmacy Technician Registration
- f) September 30, 2008 Board meeting to discuss Patient Safety Initiatives: FYI
- g) In the matter of Dr. RGL, D.P.M., R.Ph. (Pharmacist License No. 17007 / Exp. 12/31/1978). Request for reinstatement  
Approve/deny/conditions – application for Pharmacist Reinstatement
- h) In the matter of NMM: – request for termination of probation (Pharmacist License No. 17627)  
Approve/deny/conditions
- i) In the matter of Dr. GR, Ph.D., M.S.: – request for accommodation related to conditions of pharmacist licensure  
Approve/deny/conditions

**Old Business:**

- a) In the matter of JBB: Pharmacy Technician Applicant  
Approve/deny/conditions – application for Pharmacy Technician Registration

**13. INFORMATIONAL ITEMS (FYI)**

14. 3:30 p.m. - Adjournment



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure  
239 Causeway Street, Suite 200  
Boston, MA 02114

Office of Public Protection  
(617) 973-0865 Fax (617) 973-0985 TTY (617)-973-0895

INSPECTION REPORT

Date of Inspection 11/19/08 Reg. No. Pending Expiration Date \_\_\_\_\_

Purpose of Inspection New Location ☒ Relocation \_\_\_\_\_ Compliance \_\_\_\_\_

Docket No. OR Staff Assignment No. 20080917 DS 031

Corporation Name \_\_\_\_\_

Pharmacy DBA Name Ameri-dox LLC Store No. \_\_\_\_\_

Address 205 Flinders Rd Westborough 01581

Telephone No. 888-820-0622 Fax No. 508-820-0644

Manager of Record Steve Perry Reg. No. 17303

Pharmacy DEA Registration No. and Expiration Date Pending

Pharmacy Hours Daily 6 - 8 Saturday 6 - 6 Sunday \_\_\_\_\_

Practice Setting Community Chain \_\_\_\_\_ With Drive-thru Window \_\_\_\_\_  
Community Independent \_\_\_\_\_ Specialty ☒ Long Term Care \_\_\_\_\_

Daily Pharmacy Volume Less than 100 \_\_\_\_\_ 100 to 500 \_\_\_\_\_ Above 500 \_\_\_\_\_

Staff Pharmacists (Names and Registration Numbers)

Pharmacy Interns (Names and Registration Numbers)

Pharmacy Technicians (Names, Registration Numbers and Certification Status)

TBD

Other Pharmacy Support Staff and Trainees (Names and positions)

TBD

SECURITY - 247 CMR 6.02 and CFR 1301.75(b)	YES	NO
ADEQUATE SECURITY SYSTEM	✓	
EVIDENCE OF SECURITY CAMERAS	✓	
SECURITY BARRIER SEPARATES PHARMACY DEPARTMENT	✓	
PROCEDURE FOR ABSENCE OF PHARMACIST	✓	
CONTROLLED SUBSTANCES ARE LOCKED IN A SECURE CABINET	✓	
CONTROLLED SUBSTANCES ARE DISPERSED THROUGHOUT GENERAL INVENTORY	✓	
LOSS OR THEFT OF CONTROLLED SUBSTANCES (DEA FORM 106) REPORTED TO THE BOARD	✓	
SECURITY/ACCESS TO PHARMACY RESTRICTED TO AUTHORIZED PERSONNEL	✓	
COMMENTS: <i>Regulations Reviewed</i>		

LICENSURE/REGISTRATION STATUS OF PHARMACY STAFF	YES	NO
COPIES OF PHARMACIST LICENSES ARE POSTED AND CURRENT	✓	
COPIES OF TECHNICIAN REGISTRATIONS ARE CURRENT AND AVAILABLE	✓	
PROCEDURES IN PLACE TO MAINTAIN PATIENT CONFIDENTIALITY WITH REGARD TO DISCARDED PRESCRIPTION INFORMATION (e.g. SHREDDER)	✓	
COMMENTS: <i>Regulations Reviewed</i>		

STANDARDS FOR PRESCRIPTION LABELING AND FORMAT M.G.L. c. 94C, § 21 and CMR 721.000	YES	NO
PHARMACIST INITIALS ON LABEL AND SERIAL NO. OF Rx	✓	
"BEYOND USE" DATE IS SHOWN ON LABEL	✓	
INVENTORY LABELED WITH BRAND, OR GENERIC NAME AND MANUFACTURER, STRENGTH, LOT NUMBER, EXPIRATION DATE, OR INTERNAL CONTROL NUMBER WHICH REFERENCES MANUFACTURER AND LOT NUMBER USED	✓	
LABEL COMPLIANT WITH INTERCHANGE	✓	
PRESCRIPTION CONTAINS ALL REQUIRED INFORMATION	✓	
ORALLY COMMUNICATED PRESCRIPTIONS ARE IMMEDIATELY DOCUMENTED	✓	
COMMENTS: <i>Regulations Reviewed</i>		

OUTDATED ITEMS/RETURN TO STOCK	YES	NO
QUARANTINE AREA FOR CONTROLLED SUBSTANCE RECALLS OR EXPIRED PRODUCT SEGREGATED FROM CURRENT INVENTORY	✓	
COMMENTS: <i>Regulations Reviewed</i>		

CONTROLLED SUBSTANCE RECORDS/EDT 21 CFR PART 1300 - 1308 and 247 CMR 5.00	YES	NO
PRESCRIPTION RECORDS ARE ON SITE AND READILY RETRIEVABLE FOR 2 YEARS	✓	

CONTROLLED SUBSTANCE RECORDS/EDT 21 CFR PART 1300 – 1308 and 247 CMR 5.00 (continued)	YES	NO
THE LAST BIENNIAL INVENTORY COMPLETED <u>OPEN</u> AND SHOWS BEFORE OPENING OR AFTER CLOSING	✓	
POWER OF ATTORNEY GRANTED TO PERSONS SIGNING DEA FORM 222 AND READILY AVAILABLE	✓	
POWER OF ATTORNEY FORM FOR DEA FORM 222 GRANTED TO: <u>MDR</u>	✓	
COMPLETE RETURN AND DESTRUCTION RECORDS OF CONTROLLED SUBSTANCES READILY AVAILABLE	✓	
EMERGENCY C-II PRESCRIPTION RECORDS ARE COMPLETE AND PROPERLY FILED	✓	
SCHEDULE II PRESCRIPTION DATA TRANSMITTED BY COMPUTER ON TIME (EDT)	✓	
CENTRAL RECORD KEEPING AUTHORITY FILED WITH DEA	✓	
DEA ORDER FORMS FILLED OUT COMPLETELY, INCLUDING DATE AND QUANTITY RECEIVED	✓	
CII ORDER FORMS RECONCILED SATISFACTORILY	✓	
CIII-V INVOICES RECONCILED SATISFACTORILY	✓	
DAILY REPORTS ARE AVAILABLE, VERIFIED, AND SIGNED BY ALL PHARMACISTS INVOLVED	✓	
CII PERPETUAL INVENTORY RECONCILED WITHIN 10 DAYS	✓	
COMMENTS  <u>Regulations Reviewed</u>		

TRANSFER OF PRESCRIPTIONS - 247 CMR 9.02	YES	NO
CORRECT TRANSFER RECORDS ARE MAINTAINED AND READILY AVAILABLE	✓	
DAILY REPORTS ARE AVAILABLE, VERIFIED AND SIGNED BY ALL PHARMACISTS INVOLVED	✓	
PATIENT PROFILES ARE MAINTAINED	✓	
COMMENTS  <u>Regulations Reviewed</u>		

EQUIPMENT and REFERENCE SOURCES - 247 CMR 6.01	YES	NO
COMPUTER SOFTWARE NAME: <u>PK</u>	✓	
TORSION BALANCE AND WEIGHTS SEALED DATE <u>11/08</u>	✓	
COMPOUNDING LOG MAINTAINED	✓	
APPROPRIATELY SIZED SAFETY CONTAINERS AVAILABLE AND USED ROUTINELY (16 CFR 1700)	✓	
CURRENT COPY OR E-VERSION OF APPROPRIATE COMPENDIA REFERENCE AVAILABLE	✓	
CURRENT COPY OR E-VERSION OF MA BOARD OF PHARMACY REGULATIONS AVAILABLE	✓	
CURRENT COPY OR E-VERSION OF MA LIST OF INTERCHANGEABLE DRUGS AVAILABLE	✓	
COMMENTS  <u>Regulations Reviewed</u>		

CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM QUALITY RELATED EVENTS (QRE) - 247 CMR 15.00	YES	NO
CURRENT COPY OR E-VERSION OF CQI PROGRAM AVAILABLE	✓	
QRE RECORDS (2 YEARS) ARE MAINTAINED IN AN ORDERLY MANNER AND FILED BY DATE	✓	
PHARMACY PROVIDES PERSONNEL WITH ONGOING CQI EDUCATION AT LEAST ANNUALLY	✓	
POLICY AND PROCEDURES ON SITE RELATED TO THE HANDLING OF MEDICATION ERRORS	✓	
COMMENTS <i>Regulations Reviewed</i>		

PATIENT COUNSELING 247 CMR 6.01 and 9.07; M.G.L. c. 94C, § 21A	YES	NO
PATIENT COUNSELING SIGNS (11" x 14") POSTED ( <del>INCLUDING DRIVE THRU</del> )	✓	
ADEQUATE OFFER TO COUNSEL MADE AND DOCUMENTED	✓	
DESIGNATED CONFIDENTIAL PATIENT COUNSULTATION AREA	✓	
COUNSELING AREA ASSURES PRIVACY AND CONFIDENTIALITY	✓	
PROSPECTIVE DUR ON NEW PRESCRIPTIONS CONDUCTED	✓	
COMMENTS <i>Regulations Reviewed</i>		

SANITATION - 247 CMR 6.02 and 9.01	YES	NO
PHARMACY (INCLUDING SINK, REFRIGERATOR, COUNTING TRAYS, AND AUTOMATED DISPENSING MACHINES) KEPT CLEAN AND ORGANIZED	✓	
REFRIGERATOR MAINTAINED WITHIN RANGE COMPLIANT WITH STORAGE OF DRUGS REQUIRING REFRIDGERATION TEMP. <u>38°</u>	✓	
ROOM TEMPERATURE IS 59 - 77 DEGREES F.	✓	
PRESCRIPTION COUNTER IS USED ONLY FOR PREPARING PRESCRIPTIONS	✓	
PRESCRIPTION DEPARTMENT HAS SPACE ADEQUATE FOR THE SIZE AND SCOPE OF PHARMACEUTICAL SERVICES PROVIDED BY THE PHARMACY	✓	
SUFFICIENT EQUIPMENT TO COMPOUND AND DISPENSE PRESCRIPTIONS	✓	
SINK HAS HOT AND COLD RUNNING WATER	✓	
COMMENTS <i>Regulations Reviewed</i>		

CENTRAL INTRAVENOUS ADMIXTURE SERVICE (CIVAS) 247 CMR 6.01(5)(c)	YES	NO
CLEAN ROOM - MINIMUM OF 72 SQUARE FEET	✓	
CLEAN ROOM ADJACENT TO PRESCRIPTION DEPARTMENT	✓	
HOODS: HORIZONTAL VERTICAL	✓	
CIVAS APPROVAL LETTER FROM BOARD MAINTAINED ON PREMISES	✓	<i>feeding</i>

CENTRAL INTRAVENOUS ADMIXTURE SERVICE (CIVAS) 247 CMR 6.01(5)(c) continued	YES	NO
WRITTEN QUALITY ASSURANCE GUIDELINES MAINTAINED ON PREMISES	✓	
TRAINING IN STERILE PROCEDURE AVAILABLE AND CONDUCTED	✓	
ADEQUATE REFERENCE STANDARDS	✓	
ANNUAL CERTIFICATION OF LAMINAR HOOD AND CLEAN ROOM CONDUCTED	✓	
COMMENTS: <i>Regulations Reviewed</i> <i>Certifications Enclosed</i>		

TECHNICIANS - 247 CMR 8.00	YES	NO
PHARMACY TECHNICIANS OPERATE WITHIN THE SCOPE OF LAW AND REGULATIONS	✓	
TECHNICIANS WEAR NAME TAGS EASILY READABLE WITH TITLE AND NAME	✓	
TECHNICIANS FOLLOW DUTIES AS SPECIFIED IN WRITTEN POLICIES AND PROCEDURES	✓	
TECHNICIANS ARE SUPERVISED BY A PHARMACIST	✓	
COMMENTS: <i>Regulations Reviewed</i>		

VACCINATION/CPR - 105 CMR 700.004	YES	NO
PHARMACIST ADMINISTERING VACCINES TO PERSONS 18 YEARS OF AGE OR OLDER		
CURRENT CPR CARD		
ADMINISTRATION IS CONDUCTED PURSUANT TO THE ORDER OF A PRACTITIONER		
DOCUMENTATION OF ACCREDITED TRAINING		
COMMENTS:		

MANAGER OF RECORD (MOR) - 247 CMR 6.07	YES	NO
MOR CAN DEMONSTRATE IMPLEMENTATION OF A CQI PROGRAM	✓	
MOR HAS COPIES OF CONFIDENTIALITY STATEMENTS FROM EACH EMPLOYEE	✓	
MOR IS RESPONSIBLE FOR ESTABLISHING AND MONITORING POLICIES AND PROCEDURES:	✓	
(a) STAFF TRAINING ONGOING	✓	
(b) TECHNICIAN MANUAL ON PREMISES	✓	
(c) RATIO PHARMACIST TO SUPPORT PERSONNEL ____ : ____	✓	
NO. ON STAFF:	✓	
PHARMACISTS ____ PHARMACY INTERNS ____	✓	
REGISTERED TECHS ____ CERTIFIED TECHS ____ TECHS IN TRAINING ____	✓	
COMMENTS: <i>Regulations Reviewed</i>		

WHOLESALE DISTRIBUTOR INFORMATION	
NAME(S) OF SUPPLIERS:	
Direct Manufacturers.	

GENERAL	YES	NO
PHARMACY GRANTED ANY WAIVERS BY THE BOARD OR DEA TO ANY LAWS OR RULES	✓	
PHARMACY SHARES A REAL-TIME COMMON DATABASE WITH OTHER PHARMACIES	✓	
PHARMACY UTILIZE THE SERVICES OF A CENTRAL FILL PHARMACY	✓	
VERIFYING PHARMACIST(S) IS DOCUMENTED	✓	
PHARMACY PERSONNEL WEAR APPROPRIATE NAME TAGS	✓	
PROCEDURE TO ENSURE ALL WHO WORK IN THE PHARMACY ARE APPROPRIATELY AND CURRENTLY REGISTERED OR LICENSED AND TRAINED TO PERFORM THEIR DUTIES	✓	
SIGN(S) POSTED REGARDING PHARMACY HOURS OF OPERATION	✓	
COMMENTS:		
Regulations Reviewed		

I have participated in an inspection and have reviewed the Inspection Report with the Investigator.

Print Name: STEVEN PERRY Signature: [Signature]  
 Title: PHARMACY MANAGER OF RECORD License No. 17303  
 Investigator: [Signature] Date: 11/19/08



## Formula Worksheet (standard)

11/11/2008 6:11:35 AM

Page 1

HEPARIN ADDED TO 0.9% NACL 5,000 UNITS / 1000ML INJ BAG

NDC: 24200-712-16

Flavor: RT/PRES/CAUTION

PG

Quantity made: 1 BAG

Class:

Date made: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lot number:

Dispensi

Beyond use date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ Days to exp. 90

Pharmacist:

Initials: \_\_\_\_

Technician:

Initials: \_\_\_\_

Description:

Equipment:

Packaging:

Labeling: BAG

**CAUTION: High Risk Medication**  
**NOTE Concentration and Volume**

Use as Directed. Store at Room Temperature.

**Exp: SAMPLE****Lot: SAMPLE**

RX Only

AMERIDOSE

Westborough, MA 01581

Single-Dose Bag

Contains Preservative



NDC: 2420071216

Ingredients & Notes	Schedule	Quantity used	QS (Actual)	Opt.
1 HEPARIN (W/PRES) 1000 UNITS/ML 1 STOCK SOL 0	L	5 ML	<input type="checkbox"/>	<input type="checkbox"/>
Mfg: _____ Lot #: _____ Exp. date: _____				Whlsr: _____
Checked: <input type="checkbox"/> Name or Initials: _____				
(Each BAG contains 5 ML or 500%)	Ing. note: _____			
2 SODIUM CHLORIDE 0.9% 1 LITER INJ BAG 0	-	1 EA	<input type="checkbox"/>	<input type="checkbox"/>
Mfg: _____ Lot #: _____ Exp. date: _____				Whlsr: _____
Checked: <input type="checkbox"/> Name or Initials: _____				
(Each BAG contains 1 EA or 100%)	Ing. note: _____			

(Added all GM &amp; GMS: 0.00)

Time to make:

Devices	Quantity	Opt.
FLUID TRANS. SET (STERILE) -BAXA	1 EA	<input type="checkbox"/>
STERILE BAG (SECURE) 1 LITER	1 EA	<input type="checkbox"/>
NEEDLE, 18G X 1	1 EA	<input type="checkbox"/>
QA-CAP (STERILE) RED LL	1 EA	<input type="checkbox"/>
QA-SYRINGE (STERILE) 10ML LL	1 EA	<input type="checkbox"/>
FILTER, 0.22 MICRON (STERIVEX)	1 EA	<input type="checkbox"/>

**Mixing directions**

Only trained and authorized personnel may perform the critical steps in the admixing of this product. All steps must be appropriately signed off by the person(s) performing each of the critical steps.

Pharmacy personnel must strictly adhere to all S.O.P.'s regarding the production of sterile products.

Step 1	Create Bag Labels
Step 2	Pharmacist Check Drug
Step 3	Stage 1000mL Bags of 0.9% Sodium Chloride
Step 4	Add 5mL of Heparin 1000unit/mL STOCK SOLUTION to 1000mL Bag of 0.9% Sodium Chloride
Step 5	Acquire Sample for Product Sterility Testing
Step 6	Label Bags
Step 7	Clean Room Pharmacist Verify Final Product Completion
Step 8	Package and Prepare for Shipment
Step 9	Freight Room Pharmacist Verify and Dispense Final Product

Date entered: 1/22/2007 10:01:37 AM

Last modified: 11/11/2008 6:11:32 AM

by: O'NEILL, BRYAN/JARKKO, LE/

This formula is a trade secret of AMERIDOSE.

**Formula Worksheet** (standard)

11/11/2008 6:11:35 AM

Page 2

AMERIDOSE  
FLANDERS RD  
WESTBOROUGH, MA 01581-ph.

**HEPARIN ADDED TO 0.9% NACL 5,000 UNITS / 1000ML INJ BAG**

NDC: 24200-712-16

Flavor: RT/PRES/CAUTION

PCCA ID:

Schedule: L

Active ☒
**Step 1 Sign Off Label:**

Verify Label Accuracy	Tech 1	Tech 2	RPh.
1. Right Drug and Strength			
2. Right Lot Number			
3. Right Expiration Date			
4. Right Storage, Precautions and "C" symbol			
5. Right NDC Number			
6. Match Customer Order to Label and Formula			

**Step 2 Sign Off Clean Room Pharmacist:**

Clean Room RPh Pre-Check	Yes
1. Correct Medication Pulled	
RPh. Sig:	

**Step 3 Sign Off Staging Technician:**

Staging	Yes
1. Correct Diluent Bag	
2. Free of Particulate Matter/Discoloration	
3. Free of Leaks	
Tech Sig:	

**Step 4 Sign Off Admixing Technician:**
**Heparin**

Hood:

Admixing Tech:

Date:

Calibration	Tech Initials	RPh Initials	Calibration	Tech Initials	RPh Initials
Calibration			Calibration		
Calibration			Calibration		
Calibration			Calibration		

**Step 5 Sign Off Admixing Technician**

Product Sterility Testing	Yes
1. Acquire QA Sample per Policy	
Tech Sig:	

**Step 6 Sign Off Labeling Technician:**

Labeling	Yes
1. Correct Diluent Bag	
2. Free of Particulate Matter/Discoloration	
3. Free of Leaks	
4. Correct Label	
Tech Sig:	

**Step 7 Sign Off Clean Room Pharmacist:**

Verify Accuracy	Yes
1. Drug, Strength, and Diluent	
2. Label	
3. Documentation Completed	
RPh. Sig:	

**Step 8 Sign Off Freight Room Personnel:**

Packaging	Yes
-----------	-----

**Formula Worksheet** (standard)

11/11/2008 6:11:35 AM

Page 3

AMERIDOSE  
FLANDERS RD  
WESTBOROUGH, MA 01581 ph.**HEPARIN ADDED TO 0.9% NACL 5,000 UNITS / 1000ML INJ BAG**

NDC: 24200-712-16

**Flavor: RT/PRES/CAUTION**

PCCA ID:

Schedule: L

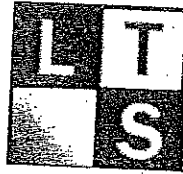
Active ☒

1. Check for Special Packing Instructions	
2. Bag and Box According to Policy	
Sig:	

**Step 9 Sign Off Freight Room Pharmacist:**

Verify	Yes
1. Right Drug and Strength	
2. Right Lot Number	
3. Right Expiration Date	
4. Right Storage, Precautions and "C" symbol	
5. Right NDC Number	
6. Right Label on Right Diluent Bag	
7. Match Customer Order to Label and Formula	
8. Correct Medication in Labeled Shipping Box	
9. Correct Shipping Label on Box	
RPh. Sig:	

Note:



Lewis Testing Services, Inc.  
P.O. Box 39109  
Indianapolis, IN 46239  
Phone: (317) 862-9387 Fax: (317) 862-2397

November 18, 2008

Steve Higgins  
Ameridose, LLC  
205 Flanders Road  
Westborough, MA 01581

Steve,

To date we have validated the completed rooms as we have adjusted the speed controllers on the hepa filters, checked the airflow through each filter, and taken particle counts in the main clean room and Area 1, 2, & 3. Please note a summary of our current results:

Main Clean Room

Filtered Supply Air Volume:	78,763 cfm
Room Volume:	45,360 cu. ft.
Room Air Changes Per Hour:	104

Particle Count Classification per ISO 14644-1

Class 7 at 0.5  $\mu$ M; As Built

(Actual particle count data would allow the room to be classified as Class 6 at 0.5  $\mu$ M)

Area #1 (Room "A")

Filtered Supply Air Volume:	7,376 cfm
Room Volume:	4574 cu. ft.
Room Air Changes Per Hour:	97

Particle Count Classification per ISO 14644-1

Class 6 at 0.5  $\mu$ M; As Built

Area #2 (Room "B")

Filtered Supply Air Volume:	7,548 cfm
Room Volume:	4574 cu. ft.
Room Air Changes Per Hour:	99

Particle Count Classification per ISO 14644-1  
Class 6 at 0.5  $\mu$ M; As Built

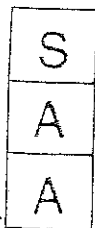
Area #3 (Room "C")

Filtered Supply Air Volume:	7,413 cfm
Room Volume:	4574 cu. ft.
Room Air Changes Per Hour:	97

Particle Count Classification per ISO 14644-1  
Class 6 at 0.5  $\mu$ M; As Built

A complete report showing all data will prepared when everything is completed.

Terry Lewis, President  
Lewis Testing Services, Inc.  
P.O. Box 39109  
Indianapolis, IN 46239



# Scientific Air Analysis, Inc.

47 Fatima Drive  
Ashland, MA 01721  
(508) 881-7100  
(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET

### PARTICLE COUNT RECORDINGS

CLIENT: *AmeriDOSE*

TEST #: *14128*

ID #: *7W*

TEST DATE: *11-17-08*

MODEL #: *SG 603A-HE*

RECALL DATE: *5-31-09*

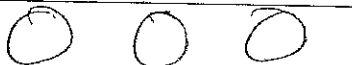
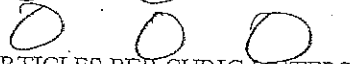
SERIAL #: *96267*

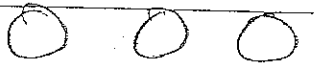

NEW/USED: *New*

LOCATION: *Clean Rm.*

PASS/FAIL: *PASS*

### WORK SURFACE AREA

B.5:   
F.5:   
PARTICLES PER CUBIC METERS

  
  
PARTICLES PER CUBIC FEET

### TEST RESULTS

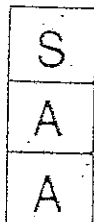
**PASS/FAIL:** THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-09-08	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	8-28-08	822/264157	<b>A2:</b>

CERTIFIER:

*Paul O'Neill*



# Scientific Air Analysis, Inc.

47 Fatima Drive  
Ashland, MA 01721  
(508) 881-7100  
(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: AMERIDOSE

ADDRESS:

CITY, STATE:

CONTACT:

TEL #:

TEST DATE: 11-18-08

RECALL DATE: 5-31-09

TEST #:

ID #:

MODEL #:

SERIAL #:

LOCATION:

NEW/USED:

PASS/FAIL:

14665

HOOD 14W

SG603A-HE

96242

CLEAN ROOM

NEW

PASSED

### SUPPLY AIRFLOWS

SUPPLY RANGE: FPM

SR: 49 57 54 53 58 55 56

SC: 44 42 42 52 53 54 52

SF: 44 39 42 44 43 45 41

L: 39 H: 58 AVG FPM:

AIRFLOW GAUGE: .28

UV BULB INT: UW/CM2

### EXHAUST AIRFLOWS

EXHAUST RANGE: 258-285 FPM

R1: 264 221 228

R2: 257 265 225

R3: 264 261 269

R4: 268 267 277

EL: 257 EH: 228 EXH AVG FPM: 268

FACE VELOCITY: 103

MOTOR SPEED: 40 %

DUCTED: NO

EXH OP: 1.46 FT2

ACC OP: 3.89 FT2

EXH CFM: 391

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF: 54.50 43 IS WITHIN ACCEPTANCE  
RANGE OF: FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW  
AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: 103 IS WITHIN ACCEPTANCE  
RANGES OF: 100 - 110 FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE  
ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

### TESTING INSTRUMENTS

AVM430-A, AVM430751001

AVM430-A, AVM430803002

ALNOR 8570, 99057020

ALNOR 550, 2664

ATI TDA-2G, 11119

UVC-254, C.83961

### CALIBRATED

7-16-08

1-18-08

8-28-08

10-09-08

10-09-08

10-09-08

### NIST #

9121130-A

9121130-A

822/272103

822/272103

822/272103

264532

### ID # USED

A1

A2

A3

A4

A5

U1

### COMMENTS:

[X] NO ADJUSTMENTS REQUIRED AT THIS TIME. [ ] HOOD FAILED.

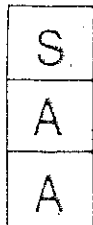
[X] ADJUSTED / ZEROED MAGNETIC GAUGE. [X] ALARM OPERATING PROPERLY.

[ ] UV BULB INTENSITY GOOD / FAIR / POOR. [ ] EXHAUST OPERATING PROPERLY.

[ ] INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

### CERTIFIER:

Steve O'Neil



## Scientific Air Analysis, Inc.

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1-800-287-5252 MA ONLY

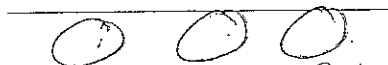
### BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: AMERIDOSE  
ID #: HVD 144  
MODEL #: SB 603A-HE  
SERIAL #: 96242  
LOCATION: CLEAN ROOM

TEST #: 14665  
TEST DATE: 11-18-08  
RECALL DATE: 5-31-09  
NEW/USED: NEW  
PASS/FAIL: PASSED

#### WORK SURFACE AREA

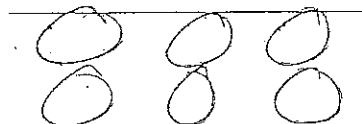
B.5:



F.5:



PARTICLES PER CUBIC METERS



PARTICLES PER CUBIC FEET

#### TEST RESULTS

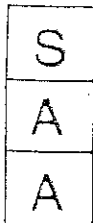
**PASS** FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID #/USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-09-08	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	8-28-08	822/264157	A2:

CERTIFIER: *Steve O'Neil*





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1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: **AMERIDOSE**  
ADDRESS:  
CITY, STATE:  
CONTACT:  
TEL #:  
TEST DATE: **11-18-08**  
RECALL DATE: **5-31-09**

TEST #: **14664**  
ID #: **H000126**  
MODEL #: **SG603A-HE**  
SERIAL #: **96280**  
LOCATION: **CLEAN ROOM**  
NEW/USED: **NEW**  
PASS/FAIL: **PASSED**

### SUPPLY AIRFLOWS

SUPPLY RANGE: **—** FPM  
SR: **51.52 48 45 53 57 54**  
SC: **52 49 45 52 56 53 51**  
SF: **48 49 43 48 47 49 42**  
L: **43** H: **57** AVG FPM:  
AIRFLOW GAUGE: **.30**  
UV BULB INT: **N/A** UW/CM2

### EXHAUST AIRFLOWS

EXHAUST RANGE: **258-285** FPM  
DUCTED: **N/D**  
EXH OP: **1.46** FT2  
ACC OP: **3.89** FT2  
EXH CFM: **398**  
R1: **261 265 279**  
R2: **259 284 289**  
R3: **271 271 273**  
R4: **278 264 278**  
EL **259** EH: **289** EXH AVG FPM: **273**  
FACE VELOCITY: **105**  
MOTOR SPEED: **45** %

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF **51.5749** IS WITHIN ACCEPTANCE  
RANGE OF: **—** FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW  
AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: **105** IS WITHIN ACCEPTANCE  
RANGES OF: **100-110** FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE  
ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

TESTING INSTRUMENTS  
AVM430-A, AVM430751001  
AVM430-A, AVM430803002  
ALNOR 8570, 99057020  
ALNOR 550, 2664  
ATI TDA-2G, 11119  
UVC-254, C.83961

CALIBRATED  
7-16-08  
1-18-08  
8-28-08  
10-09-08  
10-09-08  
10-09-08

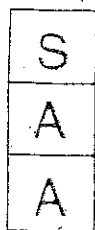
NIST # ID # USED  
9121130-A A1:  
9121130-A A2:  
822/272103 A3:  
822/272103 A4:  
822/272103 A5:  
264532 U1:

### COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.  
☒ ADJUSTED ZEROED MAGNEHELIC GAUGE. ☒ ALARM OPERATING PROPERLY.  
☐ UB BULB INTENSITY GOOD / FAIR / POOR. ☐ EXHAUST OPERATING PROPERLY.  
☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

*Steve O'Neil*



## Scientific Air Analysis, Inc.

47 Fatima Drive  
Ashland, MA 01721  
(508) 881-7100  
(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

### BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: AMERIDOSE

TEST #: 14664

ID #: A12W

TEST DATE: 11-18-08

MODEL #: SG603A-HE

RECALL DATE: 5-31-09

SERIAL #: 96280

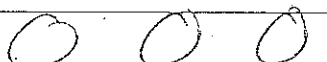
NEW/USED: USED

LOCATION: CLEANROOM

PASS/FAIL: PASSED

#### WORK SURFACE AREA

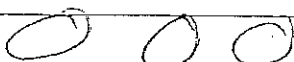
B.S:



F.S:



PARTICLES PER CUBIC METERS



PARTICLES PER CUBIC FEET

#### TEST RESULTS

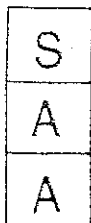
**PASS** FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-09-08	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	8-28-08	822/264157	A2:

CERTIFIER:

Steve O'Neill



# Scientific Air Analysis, Inc.

47 Fatima Drive  
Ashland, MA 01721

(508) 881-7100

(508) 881-7105 FAX.

1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: **AMERIDOSE**

ADDRESS:

CITY, STATE:

CONTACT:

TEL #:

TEST DATE:

RECALL DATE:

TEST #: **14663**

ID #: **H0009W**

MODEL #: **SG603A-HE**

SERIAL #: **96262**

LOCATION: **CLEAN ROOM**

NEW/USED: **New**

PASS/FAIL: **PASSED**

### SUPPLY AIRFLOWS

SUPPLY RANGE: \_\_\_\_\_ FPM

SR: **52 54 50 56 58 55 52** **54**

SC: **48 45 42 44 53 57 58** **50**

SF: **42 40 41 52 53 51 47** **47**

L: **40** H: **58** AVG FPM:

AIRFLOW GAUGE: **34**

UV BULB INT: **N/A** UW/CM2

### EXHAUST AIRFLOWS

EXHAUST RANGE: **258-285** FPM

DUCTED: **N/D** **+3 LFM**

R1: **264 269 271** EXH OP: **1.46** FT2

R2: **260 275 269** ACC OP: **3.89** FT2

R3: **291 268 274** EXH CFM: **395**

R4: **273 270 266**

EL: **281** EXH AVG FPM: **271**

FACE VELOCITY: **105**

MOTOR SPEED: **45** %

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF: **54, 50, 47** IS WITHIN ACCEPTANCE  
RANGE OF: \_\_\_\_\_ FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW  
AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: **105** IS WITHIN ACCEPTANCE  
RANGES OF: **100-110** FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE  
ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

### TESTING INSTRUMENTS

AVM430-A, AVM430751001

AVM430-A, AVM430803002

ALNOR 8570, 99057020

ALNOR 550, 2664

ATI TDA-2G, 11119

UVC-254, C.83961

### CALIBRATED

7-16-08

1-18-08

8-28-08

10-09-08

10-09-08

10-09-08

### NIST # ID # USED

9121130-A **A1**

9121130-A **A2**

822/272103 **A3**

822/272103 **A4**

822/272103 **A5**

264532 **U1**

### COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.

☒ ADJUSTED / ZEROED MAGNETIC GAUGE.

☐ UV BULB INTENSITY GOOD / FAIR / POOR.

☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

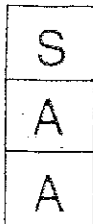
☐ HOOD FAILED.

☒ ALARM OPERATING PROPERLY.

☐ EXHAUST OPERATING PROPERLY.

CERTIFIER:

*Steve O'Neil*



## Scientific Air Analysis, Inc.



47 Fatima Drive  
Ashland, MA 01721  
(508) 881-7100  
(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

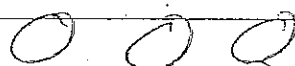

### BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: *AMERIDOSE*  
ID #: *H010 9W*  
MODEL #: *SG603A-HB*  
SERIAL #: *96262*  
LOCATION: *CLEANROOM*

TEST #: *14663*  
TEST DATE: *11-18-08*  
RECALL DATE: *5-31-09*  
NEW/USED: *NEW*  
PASS/FAIL: *PASSED*

#### WORK SURFACE AREA

B.5:   
F.5:   
PARTICLES PER CUBIC METERS

  
  
PARTICLES PER CUBIC FEET

#### TEST RESULTS

PASS / FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-09-08	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	8-28-08	822/264157	<u>A2:</u>

CERTIFIER:

*Steve O'Neil*

S  
A  
A

# Scientific Air Analysis, Inc.

47 Fatima Drive  
Ashland, MA 01721  
(508) 881-7100  
(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: *AMERIDOSE*  
ADDRESS:  
CITY, STATE:  
CONTACT:  
TEL #:  
TEST DATE: *11-18-08*  
RECALL DATE: *5-31-09*

TEST #: *14662*  
ID #: *HOOD LOW*  
MODEL #: *SG603A-HE*  
SERIAL #: *96283*  
LOCATION: *Clean Room*  
NEW/USED: *NEW*  
PASS/FAIL: *PASSED*

### SUPPLY AIRFLOWS

SUPPLY RANGE: — FPM

*42-57*  
*42-57*  
*40-50*

SR: *52 57 44 53 48 45 53*  
SC: *61 52 59 57 54 53 54*  
SF: *44 42 44 48 45 47 48*

L: *41* H: *61* AVG FPM:  
AIRFLOW GAUGE: *30*  
UV BULB INT: *N/A* UW/CM2

### EXHAUST AIRFLOWS

EXHAUST RANGE: *258-285* FPM

DUCTED: *N/D*  
R1: *264 271 268* EXH OP: *1.46* FT2 *+3 CFM*  
R2: *269 275 266* ACC OP: *3.89* FT2  
R3: *271 273 271*  
R4: *264 269 264* EXH CFM: *392*  
EL: *264* EH: *275* EXH AVG FPM: *269*  
FACE VELOCITY: *104*  
MOTOR SPEED: *40* %

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF: *50, 56, 45* IS WITHIN ACCEPTANCE  
RANGE OF: — FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: *104* IS WITHIN ACCEPTANCE  
RANGES OF: *100-110* FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.  
REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

TESTING INSTRUMENTS  
AVM430-A, AVM430751001  
AVM430-A, AVM430803002  
ALNOR 8570, 99057020  
ALNOR 550, 2664  
ATI TDA-2G, 11119  
UVC-254, C.83961

CALIBRATED  
7-16-08  
1-18-08  
8-28-08  
10-09-08  
10-09-08  
10-09-08

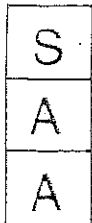
NIST # ID # USED  
9121130-A *A1*  
9121130-A A2:  
822/272103 A3:  
822/272103 *A4*  
822/272103 *A5*  
264532 U1:

### COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.  
☒ ADJUSTED / ZEROED MAGNETIC GAUGE. ☒ ALARM OPERATING PROPERLY.  
☐ UV BULB INTENSITY GOOD / FAIR / POOR. ☐ EXHAUST OPERATING PROPERLY.  
☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

*Steve O'Leary*



## Scientific Air Analysis, Inc.

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1-800-287-5252 MA ONLY

### BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: AMERIDONE TEST #: 14662  
ID #: H010 LOW TEST DATE: 11-18-08  
MODEL #: SG603A-HE RECALL DATE: 5-31-09  
SERIAL #: 96283 NEW/USED: New  
LOCATION: Clean Room PASS/FAIL: PASSED

#### WORK SURFACE AREA

B.5:

0 0 0

F.5:

0 1 0

PARTICLES PER CUBIC METERS

0 0 0

0 0 0

PARTICLES PER CUBIC FEET

#### TEST RESULTS

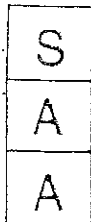
PASS / FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-09-08	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	8-28-08	822/264157	<u>A2:</u>

CERTIFIER:

Steve O'Neen



# Scientific Air Analysis, Inc.

47 Fatima Drive  
Ashland, MA 01721  
(508) 881-7100  
(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: AMERIDOSE

ADDRESS:

CITY, STATE:

CONTACT:

TEL #:

TEST DATE: 11-18-08

RECALL DATE: 5-31-09

TEST #: 14661

ID #: H0001W

MODEL #: SG603A-HE

SERIAL #: 96277

LOCATION: CLEANROOM

NEW/USED: New

PASS/FAIL: PASSED

### SUPPLY AIRFLOWS

SUPPLY RANGE: — FPM

H-57 SR: 49 57 48 51 50 50 47 49  
H-57 SC: 49 52 54 51 53 54 52 52  
E-50 SF: 52 53 53 52 49 52 43 51

L: 43 H: 54 AVG FPM:

AIRFLOW GAUGE:

UV-BULB INT: N/A UW/CM2

### EXHAUST AIRFLOWS

EXHAUST RANGE: 258-285 FPM

AVG DUCTED: NO  
R1: 282 270 279 EXH OP: 1.46 FT2  
R2: 277 265 284 ACC OP: 3.89 FT2  
R3: 264 281 273  
R4: 273 271 275 EXH CFM 461

EL: 264 EH: 284 EXH AVG FPM: 275

FACE VELOCITY: 106

MOTOR SPEED: 45 %

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF 49.525/ IS WITHIN ACCEPTANCE  
RANGE OF: — FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW  
AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: 106 IS WITHIN ACCEPTANCE  
RANGES OF: 100-110 FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE  
ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

### TESTING INSTRUMENTS

AVM430-A, AVM430751001  
AVM430-A, AVM430803002  
ALNOR 8570, 99057020  
ALNOR 550, 2664  
ATI TDA-2G, 11119  
UVC-254, C.83961

### CALIBRATED

7-16-08  
1-18-08  
8-28-08  
10-09-08  
10-09-08  
10-09-08

### NIST #

9121130-A  
9121130-A  
822/272103  
822/272103  
822/272103  
264532

### ID # USED

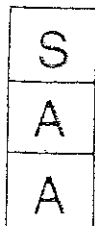
A1:  
A2:  
A3:  
A4:  
A5:  
U1:

### COMMENTS:

[X] NO ADJUSTMENTS REQUIRED AT THIS TIME. [ ] HOOD FAILED.  
[X] ADJUSTED / ZEROED MAGNEHELIC GAUGE. [X] ALARM OPERATING PROPERLY.  
[ ] UB BULB INTENSITY GOOD / FAIR / POOR. [ ] EXHAUST OPERATING PROPERLY.  
[ ] INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

### CERTIFIER:

Steve Orner



## Scientific Air Analysis, Inc.

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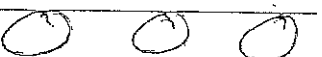

### BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: AMERIDOSE  
ID #: HOOD 1W  
MODEL #: 56603A-HE  
SERIAL #: 96277  
LOCATION: CLEAN ROOM

TEST #: 14661  
TEST DATE: 11-18-08  
RECALL DATE: 5-31-09  
NEW/USED: New  
PASS/FAIL: PASSED

#### WORK SURFACE AREA

B.5:   
F.5:   
PARTICLES PER CUBIC METERS

  
  
PARTICLES PER CUBIC FEET

#### TEST RESULTS

PASS/FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-09-08	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	8-28-08	822/264157	<u>A2:</u>

CERTIFIER:

*Stacy O'Neil*



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# Scientific Air Analysis, Inc.

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(508) 881-7100  
(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: *Amperidose*  
ADDRESS:  
CITY, STATE:  
CONTACT:  
TEL #:  
TEST DATE: *11-18-08*  
RECALL DATE: *5-31-09*

TEST #: *14124*  
ID #: *13W*  
MODEL #: *SG 603A-HE*  
SERIAL #: *96293*  
LOCATION: *Clean Rm.*  
NEW/USED: *New*  
PASS/FAIL: *PASS*

### SUPPLY AIRFLOWS

SUPPLY RANGE: — FPM

*47-57* SR: *50 46 49 54 54 56 53 52*  
*47-57* SC: *48 53 50 46 49 55 52 50*  
*40-50* SF: *46 43 52 50 45 49 46 47*

L: *43* H: *56* AVG FPM:  
AIRFLOW GAUGE: *-30*  
UV BULB INT: *N/A* UW/CM2

### EXHAUST AIRFLOWS

EXHAUST RANGE *258-285* FPM *NO*  
DUCTED:

R1: *271 286 294* EXH OP *1.46* FT2  
R2: *266 275 268* ACC OP *3.89* FT2  
R3: *250 267 274* EXH CFM:  
R4: *274 277 295* *402*

EL *250* EH: *295* EXH AVG FPM: *275*  
FACE VELOCITY: *106*  
MOTOR SPEED: *45* % *+ 3 LFM*

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF *52, 50, 49* IS WITHIN ACCEPTANCE  
RANGE OF: *N/A* FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW AVERAGE.  
FACE VELOCITY PASSED, AVG FPM OF: *106* IS WITHIN ACCEPTANCE  
RANGES OF: *100-110* FPM.  
AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.  
FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.  
REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

### TESTING INSTRUMENTS

AVM430-A, AVM430751001  
AVM430-A, AVM430803002  
ALNOR 8570, 99057020  
ALNOR 550, 2664  
ATI TDA-2G, 11119  
UVC-254, C.83961

### CALIBRATED

7-16-08  
1-18-08  
8-28-08  
10-09-08  
10-09-08  
10-09-08

### NIST # ID # USED

9121130-A A1:  
9121130-A *A2*  
822/272103 A3:  
822/272103 A4:  
822/272103 *A5*  
264532 UT:

### COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.  
☒ ADJUSTED *(ZEROED)* MAGNEHELIC GAUGE. ☒ ALARM OPERATING PROPERLY.  
☐ UB BULB INTENSITY GOOD / FAIR / POOR. ☐ EXHAUST OPERATING PROPERLY.  
☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

*Paul O'Neill*

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## BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: *AmeriDose*

TEST #: *14124*

ID #: *13W*

TEST DATE: *11-18-08*

MODEL #: *SG 603A-HE*

RECALL DATE: *5-31-09*



SERIAL #: *96293*

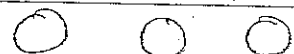

NEW/USED: *New*

LOCATION: *clean Rm.*

PASS/FAIL: *PASS*

### WORK SURFACE AREA

B.S.:   
F.S.:   
PARTICLES PER CUBIC METERS

  
  
PARTICLES PER CUBIC FEET

### TEST RESULTS

**PASS** FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-09-08	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	8-28-08	822/264157	<b>A2:</b>

CERTIFIER:

*Paul O'Neill*



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## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: **AmeriDose**

ADDRESS:

CITY, STATE:

CONTACT:

TEL #:

TEST DATE: **11-17-08**

RECALL DATE: **5-31-09**

TEST #:

ID #:

MODEL #:

SERIAL #:

LOCATION:

NEW/USED:

PASS/FAIL:

**14123**

**11W**

**SG 603A-HE**

**96296**

**Clean Rm.**

**New**

**PASS**

### SUPPLY AIRFLOWS

SUPPLY RANGE: \_\_\_\_\_ FPM

47-57 SR: 46 44 50 48 56 53 58 51  
47-57 SC: 49 52 54 50 54 52 54 52  
40-50 SF: 43 47 47 44 49 45 46 46

L: **43** H: **58** AVG FPM:

AIRFLOW GAUGE: **-27**

UV BULB INT: \_\_\_\_\_ UW/CM2

**N/A**

### EXHAUST AIRFLOWS

EXHAUST RANGE: **258-285** FPM

DUCTED: **NO**

R1: 269 258 290 EXH OP: **1.46** FT2

R2: 252 274 275 ACC OP: **3.89** FT2

R3: 264 291 267

R4: 248 286 289 EXH CFM: **397**

EL: **248** EH: **291** EXH AVG FPM: **272**

FACE VELOCITY: **105**

MOTOR SPEED: \_\_\_\_\_

%

**+ 3 LFM**

**40**

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF **51, 52, 46** IS WITHIN ACCEPTANCE

RANGE OF: **N/A** FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: **105** IS WITHIN ACCEPTANCE

RANGES OF: **100-110** FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

### TESTING INSTRUMENTS

AVM430-A, AVM430751001

AVM430-A, AVM430803002

ALNOR 8570, 99057020

ALNOR 550, 2664

ATI TDA-2G, 11119

UVC-254, C.83961

### CALIBRATED

7-16-08

1-18-08

8-28-08

10-09-08

10-09-08

10-09-08

### NIST # ID # USED

9121130-A A1:

9121130-A **A2:**

822/272103 A3:

822/272103 A4:

822/272103 **A5:**

264532 U1:

### COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.

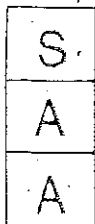
☒ ADJUSTED **(ZEROED)** MAGNEHELIC GAUGE. ☒ ALARM OPERATING PROPERLY.

☐ UB BULB INTENSITY GOOD / FAIR / POOR. ☐ EXHAUST OPERATING PROPERLY.

☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

**P. D. N. D.**



## Scientific Air Analysis, Inc.

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### BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: *AMERIDOSE*

TEST #:

*14123*

ID #:

*11W*

TEST DATE:

*11-18-08*

MODEL #:

*SG 603A-HE*

RECALL DATE:

*5-31-09*

SERIAL #:

*96296*

NEW/USED:

*New*

LOCATION:

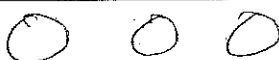
*Clean Rm.*

PASS/FAIL:

*USED*

#### WORK SURFACE AREA

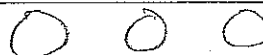
B.5:



F.5:



PARTICLES PER CUBIC METERS



PARTICLES PER CUBIC FEET

#### TEST RESULTS

PASS/FAIL:

THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

#### TESTING INSTRUMENTS

#### CALIBRATED

#### NIST #

#### ID # USED

MET-ONE PARTICLE COUNTER  
3M-1-115, 86291113F

10-09-08

822/272103

A1:

MET-ONE PARTICLE COUNTER  
3313-LLD-SS, 050601026

8-28-08

822/264157

A2:

CERTIFIER:

S  
A  
A

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(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: **AmeriDose**  
ADDRESS:  
CITY, STATE:  
CONTACT:  
TEL #:  
TEST DATE: **11-18-08**  
RECALL DATE: **5-31-09**

TEST #: **14125**  
ID #: **6W**  
MODEL #: **SG 603A-HE**  
SERIAL #: **96273**  
LOCATION: **Clean Rm.**  
NEW/USED: **New**  
PASS/FAIL: **PASS**

### SUPPLY AIRFLOWS

SUPPLY RANGE: — FPM

### EXHAUST AIRFLOWS

EXHAUST RANGE: **258-285** FPM  
DUCTED: **NO**

**47-57** SR: **46 49 53 48 51 55 51** **50**  
**47-57** SC: **49 53 50 54 52 55 52** **52**  
**40-50** SF: **44 48 51 52 47 45 49** **48**

R1: **252 281 270** EXH OP **1.46** FT2  
R2: **267 277 249** ACC OP **3.89** FT2  
R3: **271 291 277**  
R4: **264 274 263** EXH CFM: **394**

L: **44** H: **55** AVG FPM:  
AIRFLOW GAUGE: **.32**  
UV BULB INT: **N/A** UW/CM2

EL **252** EH **291** EXH AVG FPM: **270**  
FACE VELOCITY: **104**  
MOTOR SPEED: **40** %

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF **50, 52, 48** IS WITHIN ACCEPTANCE  
RANGE OF: — FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: **104** IS WITHIN ACCEPTANCE  
RANGES OF: **100-110** FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

### TESTING INSTRUMENTS

### CALIBRATED

### NIST #

### ID # USED

AVM430-A, AVM430751001

7-16-08

9121130-A A1:

AVM430-A, AVM430803002

1-18-08

9121130-A **A2:**

ALNOR 8570, 99057020

8-28-08

822/272103 A3:

ALNOR 550, 2664

10-09-08

822/272103 A4:

ATI TDA-2G, 11119

10-09-08

822/272103 **A5:**

UVC-254, C.83961

10-09-08

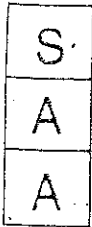
264532 U1:

### COMMENTS:

- ☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.
- ☒ ADJUSTED **(ZEROED)** MAGNEHELIC GAUGE. ☒ ALARM OPERATING PROPERLY.
- ☐ UB BULB INTENSITY GOOD / FAIR / POOR. ☐ EXHAUST OPERATING PROPERLY.
- ☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

### CERTIFIER:

**P. x. 1. 00**



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### BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: *AmeriDose* TEST #: *14125*  
ID #: *6W* TEST DATE: *11-18-08*  
MODEL #: *SG 603A-HE* RECALL DATE: *5-31-09*  
SERIAL #: *96273* NEW/USED: *New*  
LOCATION: *Clean Rm.* PASS/FAIL: *PASS*

#### WORK SURFACE AREA

B.5:		
F.5:		
	<u>PARTICLES PER CUBIC METERS</u>	<u>PARTICLES PER CUBIC FEET</u>

#### TEST RESULTS

**PASS** FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-09-08	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	8-28-08	822/264157	A2:

CERTIFIER:

*Paul O'Neill*

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A

# Scientific Air Analysis, Inc.

47 Fatima Drive  
Ashland, MA 01721  
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(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: *AmeriDose*  
ADDRESS:  
CITY, STATE:  
CONTACT:  
TEL #:  
TEST DATE: *11-17-08*  
RECALL DATE: *5-31-09*

TEST #: *14122*  
ID #: *8W*  
MODEL #: *SG 603A-HE*  
SERIAL #: *96264*  
LOCATION: *Clean RM.*  
NEW/USED: *New*  
PASS/FAIL: *PASS*

### SUPPLY AIRFLOWS

SUPPLY RANGE: — FPM

### EXHAUST AIRFLOWS

EXHAUST RANGE: *258-285* FPM *NO*  
DUCTED:

*47-51* SR: *47 53 51 55 53 56 52* *52*  
*47-51* SC: *49 47 51 54 54 53 58* *52*  
*40-50* SF: *44 46 43 47 50 45 48* *46*

R1: *253 282 265*  
R2: *266 276 288*  
R3: *263 280 257*  
R4: *270 255 277*  
EXH OP *1.46* FT2  
ACC OP *3.89* FT2  
EXH CFM: *393*

L: *43* H: *58* AVG FPM:  
AIRFLOW GAUGE: *-30*  
UV BULB INT: *N/A* UW/CM2

BL *253* EH *288* EXH AVG FPM: *269*  
FACE VELOCITY: *104*  
MOTOR SPEED: *35* % *+ 3 LFM*

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF *52, 52, 46* IS WITHIN ACCEPTANCE  
RANGE OF: *N/A* FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW  
AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: *104* IS WITHIN ACCEPTANCE  
RANGES OF: *100 - 110* FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE  
ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

### TESTING INSTRUMENTS

AVM430-A, AVM430751001  
AVM430-A, AVM430803002  
ALNOR 8570, 99057020  
ALNOR 550, 2664  
ATI TDA-2G, 11119  
UVC-254, C.83961

### CALIBRATED

7-16-08  
1-18-08  
8-28-08  
10-09-08  
10-09-08  
10-09-08

### NIST # ID # USED

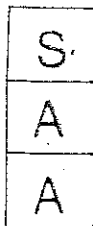
9121130-A A1:  
9121130-A *A2*  
822/272103 A3:  
822/272103 A4:  
822/272103 *A5*  
264532 U1:

### COMMENTS:

- ☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.
- ☒ ADJUSTED / ZEROED MAGNEHELIC GAUGE. ☒ ALARM OPERATING PROPERLY.
- ☐ UB BULB INTENSITY GOOD / FAIR / POOR. ☐ EXHAUST OPERATING PROPERLY.
- ☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

*P. D. 1 in*



## Scientific Air Analysis, Inc.

47 Fatima Drive  
Ashland, MA 01721  
(508) 881-7100  
(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

### BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: *AMERI DOSE*

TEST #: *14122*

ID #: *8W*

TEST DATE: *11-18-08*

MODEL #: *SG 603A-HE*

RECALL DATE: *5-31-09*

SERIAL #: *96264*

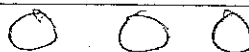
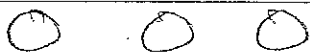
NEW/USED: *New*

LOCATION: *Clean Rm.*

PASS/FAIL: *PASS*

#### WORK SURFACE AREA

B.5:



F.5:



PARTICLES PER CUBIC METERS

PARTICLES PER CUBIC FEET

#### TEST RESULTS

PASS / FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

#### TESTING INSTRUMENTS

CALIBRATED NIST #

ID # USED

MET-ONE PARTICLE COUNTER 10-09-08  
3M-1-115, 86291113F

822/272103

A1:

MET-ONE PARTICLE COUNTER 8-28-08  
3313-LLD-SS, 050601026

822/264157

A2:

CERTIFIER:

*Paul O'Neill*



S  
A  
A

# Scientific Air Analysis, Inc.

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Ashland, MA 01721  
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1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: *AmeriDose* TEST #: *14121*  
ADDRESS: ID #: *5W*  
CITY, STATE: MODEL #: *SG 403A - HE*  
CONTACT: SERIAL #: *96268*  
TEL #: LOCATION: *Clean Rm.*  
TEST DATE: *11-17-08* NEW/USED: *New*  
RECALL DATE: *5-31-09* PASS/FAIL: *PASS*

### SUPPLY AIRFLOWS

SUPPLY RANGE: — FPM

### EXHAUST AIRFLOWS

EXHAUST RANGE: *254-280* FPM DUCTED: *NO*

*45-55* SR: *44 49 46 50 50 47 51* 48 R1: *274 275 261* EXH OP: *958* FT2  
*45-55* SC: *48 45 50 52 47 45 51* 48 R2: *266 263 267* ACC OP: *2.56* FT2  
*42-52* SF: *47 53 50 47 45 50 48* 49 R3: *283 287 272* EXH CFM: *259*  
R4: *267 273 257*

L: *45* H: *53* AVG FPM:  
AIRFLOW GAUGE: *.25*  
UV BULB INT: — UW/CM2

EL *257* EH *287* EXH AVG FPM: *270*  
FACE VELOCITY: *106*  
MOTOR SPEED: *35* % + *5* LFM

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF *48, 48, 49* IS WITHIN ACCEPTANCE  
RANGE OF: *N/A* FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW  
AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: *106* IS WITHIN ACCEPTANCE  
RANGES OF: *100-110* FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE  
ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

### TESTING INSTRUMENTS

AVM430-A, AVM430751001  
AVM430-A, AVM430803002  
ALNOR 8570, 99057020  
ALNOR 550, 2664  
ATI TDA-2G, 11119  
UVC-254, C.83961

### CALIBRATED

7-16-08  
1-18-08  
8-28-08  
10-09-08  
10-09-08  
10-09-08

### NIST # ID # USED

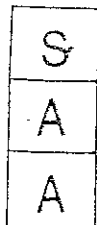
9121130-A A1:  
9121130-A A2:  
822/272103 A3:  
822/272103 A4:  
822/272103 A5:  
264532 U1:

### COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.  
☒ ADJUSTED (ZEROED) MAGNETIC GAUGE. ☒ ALARM OPERATING PROPERLY.  
☐ UB BULB INTENSITY GOOD / FAIR / POOR. ☐ EXHAUST OPERATING PROPERLY.  
☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

*Paul A. Dello*



## Scientific Air Analysis, Inc.

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1-800-287-5252 MA ONLY

### BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: *AMERIDOSE*

TEST #: *14121*

ID #: *5W*

TEST DATE: *11-18-08*

MODEL #: *SG 403A-HE*

RECALL DATE: *5-31-09*

SERIAL #: *96268*

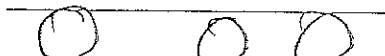
NEW/USED: *New*

LOCATION: *CLEAN RM.*

PASS/FAIL: *PASS*

#### WORK SURFACE AREA

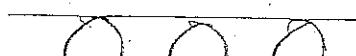
B.5:



F.5:



PARTICLES PER CUBIC METERS



PARTICLES PER CUBIC FEET

#### TEST RESULTS

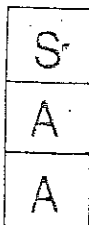
PASS/FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-09-08	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	8-28-08	822/264157	<u>A2:</u>

CERTIFIER:

*Paul O'Neill*



# Scientific Air Analysis, Inc.

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## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: **AMERI DOSE**

ADDRESS:

CITY, STATE:

CONTACT:

TEL #:

TEST DATE: **11-18-08**

RECALL DATE: **5-31-09**

TEST #:

ID #:

MODEL #:

SERIAL #:

LOCATION:

NEW/USED:

PASS/FAIL:

**14128**

**TW**

**SG 603A - HE**

**96267**

**Clean Rm.**

**New**

**PASS**

### SUPPLY AIRFLOWS

SUPPLY RANGE: **—** FPM

### EXHAUST AIRFLOWS

EXHAUST RANGE: **258-285** FPM **NO**

DUCTED:

EXH OP1: **46** FT2

ACC OP3: **89** FT2

EXH CFM: **393**

**47-57** SR: **47 50 48 54 51 54 51** **51**

**47-57** SC: **48 51 54 52 56 53 49** **52**

**40-50** SF: **45 48 44 49 52 48 44** **47**

L: **44** H: **56** AVG FPM: **50**

AIRFLOW GAUGE: **-32**

UV BULB INT: **—** UW/CM2

EL: **251** EH: **284** EXH AVG FPM: **269**

FACE VELOCITY: **104**

MOTOR SPEED: **40** %

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF **51.52, 47** IS WITHIN ACCEPTANCE  
RANGE OF: **—** FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW  
AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: **104** IS WITHIN ACCEPTANCE  
RANGES OF: **100-110** FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE  
ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

### TESTING INSTRUMENTS

### CALIBRATED

### NIST #

### ID # USED

AVM430-A, AVM430751001

7-16-08

9121130-A

A1:

AVM430-A, AVM430803002

1-18-08

9121130-A

A2:

ALNOR 8570, 99057020

8-28-08

822/272103

A3:

ALNOR 550, 2664

10-09-08

822/272103

A4:

ATI TDA-2G, 11119

10-09-08

822/272103

A5:

UVC-254, C.83961

10-09-08

264532

U1:

### COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.

☒ ADJUSTED (ZEROED) MAGNEHELIC GAUGE. ☒ ALARM OPERATING PROPERLY.

☐ UB BULB INTENSITY GOOD / FAIR / POOR. ☐ EXHAUST OPERATING PROPERLY.

☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

**P. D. 1. 20**

Customer Name <u>Amesbury</u>	# <u>0</u>	Request ID: <u>AMD 7502</u>	Seq # <u>0</u>
Caller Name: _____	Updates: <input type="checkbox"/>	Problem: _____	Complete <input type="checkbox"/>
Caller Phone #: _____	Department: _____	Priority: _____	Incomplete <input type="checkbox"/>
Ship To Address <u>203 Henderson</u>	Bill To Address <u>Worcester MA 01581</u>	Site Contact: _____	Store Stamp _____
Warranty <input type="checkbox"/> Heavy Capacity <input type="checkbox"/> Goodwill <input type="checkbox"/>		MC <input type="checkbox"/> Visa <input type="checkbox"/>	
		Amex <input type="checkbox"/>	

Ref	Product	Item	Location	Problem Code	Install Date	Last PM Date	Tol Class	Cap	Test Load	Cycle Count	up
1	Desc <u>A.XS 204 DR</u>	S/N <u>1179342827</u>									
2	Desc	tag									
3	Desc	tag									
4	Desc	tag									
5	Desc	tag									

Technician	Date	Time	Travel To Duration	OT	Miles/KM	Onsite Labor Time	Duration	OT	Time	Travel From Duration	OT	Miles/KM	Zone Charge
<u>John Peterson</u>	<u>11-17-8</u>												

Ref	Part #	Description	Whse #	Qty	Unit Price	Discount %	Reorder	Problem Found
								<u>10 2104B7 = 94</u>
								<u>VF 00704 40</u>
								<u>136</u>

CUSTOMER AUTHORIZATION	
Customer acknowledges this service has been performed to meet customer requirements, and agrees that the service of this equipment, and any additional parts or components to be provided hereunder, is subject to the Standard Terms and Conditions on the reverse side.	
<u>John Peterson</u> Customer Name (Please Print)	
Customer Authorized Signature	
Industrial Service: 1-800-523-5123    Laboratory Service: 1-800-METTLER    Retail Service: 1-800-523-5123	

Certificate No.: 072592-417-111708

Mettler Toledo  
Service Business Unit Laboratory  
1900 Polaris Parkway  
Columbus, OH 43240  
1-800-METTLER

**METTLER TOLEDO**

ISO 9001 : 2000 Registered

## Manufacturer Calibration Certificate

### Customer

Company: ameridose  
Address: 205 flanders rd  
City: westboro State/Province: MA  
Zip/Postal: 01581

### Device

Manufacturer: Mettler Toledo Asset No.:  
Serial No.: 1129342827 Dept./Room:  
Max Capacity: 220 g / 81 g Readability: 0.001 g / 0.0001 g  
Model: XS204DR

Procedure Statement: The device referenced in this document has been metrologically tested in accordance with METTLER TOLEDO Work Instruction VW0152A. All translations into other languages are based on the referenced work instruction, which is in English.  
This certificate refers to: As Left

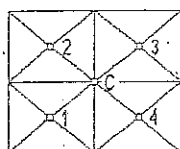
Test Date: 17-Nov-2008 Next Cal. Due Date: 30-Nov-2009  
Service Technician: John Peterson Signature: 

### Reference Weights

Traceability of Test Equipment: All weights used for metrological testing are traceable to national or international standards. The weights were calibrated and certified by an accredited calibration laboratory.

### Weight Set 1

Weight Set No.: 321 Date of Issue: 9-Oct-2008  
Calibration Due Date: 31-Oct-2009 NIST Traceability No. MT5061/MT002584  
Class: E2

**Measuring Results****Eccentricity**

Test Weight	Position	As Found		As Left	
		Displayed Value	Deviation	Displayed Value	Deviation
C: 100 g	Center	N/A	N/A	0.0000 g	N/A
1: 100 g	Left Front	N/A	N/A	0.0000 g	0.0000 g
2: 100 g	Left Rear	N/A	N/A	0.0000 g	0.0000 g
3: 100 g	Right Rear	N/A	N/A	0.0001 g	0.0001 g
4: 100 g	Right Front	N/A	N/A	0.0000 g	0.0000 g
Eccentric Load Deviation:		N/A		0.0001 g	
Manufacturer Specifications:		N/A		0.0003 g	
Manufacturer Specifications Rounded to Resolution of Eccentric Load Deviation:		N/A		0.0003	
Specifications Met:		N/A		YES	

**Sensitivity**

Reference Weight	As Found			As Left		
	Displayed Value		Deviation	Displayed Value		Deviation
	Without Reference Weight	With Reference Weight		Without Reference Weight	With Reference Weight	
200 g	N/A	N/A	N/A	0.0000 g	200.000 g	0.000 g
Sensitivity Offset:			N/A	Sensitivity Offset:		0.000 g
Manufacturer Specifications:			N/A	Manufacturer Specifications:		0.001 g
Manufacturer Specifications Rounded to Resolution of Sensitivity Offset:			N/A	Manufacturer Specifications Rounded to Resolution of Sensitivity Offset:		0.001 g
Specifications Met:			N/A	Specifications Met:		YES

**Linearity - Differential Method**

Test Weight 50.0000 g

	Preload Weight	As Found			As Left		
		Displayed Value		Deviation *	Displayed Value		Deviation *
		Preload	Test Weight		Preload	Test Weight	
1	0 g	N/A	N/A	N/A	0.0000 g	50.0001 g	0.0000 g
2	50 g	N/A	N/A	N/A	50.0001 g	100.000 g	0.0000 g
3	100 g	N/A	N/A	N/A	100.000 g	150.000 g	0.0000 g
4	150 g	N/A	N/A	N/A	150.000 g	200.000 g	0.0000 g
Linearity Deviation:				N/A	Linearity Deviation:		0.0000 g
Manufacturer Specifications:				N/A	Manufacturer Specifications:		0.001 g
Manufacturer Specifications Rounded to Resolution of Linearity Deviation:				N/A	Manufacturer Specifications Rounded to Resolution of Linearity Deviation:		0.0010 g
Specifications Met:				N/A	Specifications Met:		YES

\* This Linearity Deviation is zero point offset and sensitivity error compensated.

**Repeatability**

Test Weight: 200 g

	As Found			As Left		
	Displayed Value		Deviation	Displayed Value		Deviation
	Without Test Weight	With Test Weight		Without Test Weight	With Test Weight	
1	N/A	N/A	N/A	0.0000 g	200.000 g	200.000 g
2	N/A	N/A	N/A	0.0000 g	200.000 g	200.000 g
3	N/A	N/A	N/A	0.0000 g	200.000 g	200.000 g
4	N/A	N/A	N/A	0.0000 g	200.000 g	200.000 g
5	N/A	N/A	N/A	0.0000 g	200.000 g	200.000 g
6	N/A	N/A	N/A	0.0000 g	200.000 g	200.000 g
7	N/A	N/A	N/A	0.0000 g	200.000 g	200.000 g
8	N/A	N/A	N/A	0.0000 g	200.000 g	200.000 g
9	N/A	N/A	N/A	0.0000 g	200.000 g	200.000 g
10	N/A	N/A	N/A	0.0000 g	200.000 g	200.000 g
Repeatability Standard Deviation:			N/A	Repeatability Standard Deviation:		0.0000 g
Manufacturer Specifications:			N/A	Manufacturer Specifications:		0.0007 g
Manufacturer Specifications Rounded to Resolution of Repeatability:			N/A	Manufacturer Specifications Rounded to Resolution of Repeatability:		0.0007 g
Specifications Met:			N/A	Specifications Met:		YES

**Remarks**

new install tested ok



# GEBHARDT VENTILATOREN MALAYSIA

Lot 1799, Jalan Balakong, Taman Perindustrian Bukit Belimbing, 43300 Seri Kembangan, Selangor, Darul Ehsan  
Tel : (603) 8961 2588 / Fax : (603) 8961 8337



## FFU Test Data

Project : Ameridose Type : RHA 0612-222-4E91  
FFU Size : 590 X 1200 X 225 Motor : MFA F1-0911-4E-K7-90 S  
Order Q'ty : 290 FFUs Balancing Grade : 2.5  
Electronics nMax : 1600 RPM

S/No.	FFU S/No.	Motor Runing Test	Vibration Test Reading - PASSED	Tests Done By (Name) - PASSED	Signature	Date Done	Remarks
1	1	YES / NO	1.0	Thank. Hui	Hui	19-09-08	
2	2	YES / NO	2.0	Thank. Hui	Hui	19-09-08	
3	3	YES / NO	2.2	Thank. Hui	Hui	19-09-08	
4	4	YES / NO	1.9	Thank. Hui	Hui	19-09-08	
5	5	YES / NO	2.3	Thank. Hui	Hui	19-09-08	
6	6	YES / NO	1.7	Thank. Hui	Hui	19-09-08	
7	7	YES / NO	2.1	Thank. Hui	Hui	19-09-08	
8	8	YES / NO	1.7	Thank. Hui	Hui	19-09-08	
9	9	YES / NO	1.8	Thank. Hui	Hui	19-09-08	
10	10	YES / NO	1.5	Thank. Hui	Hui	19-09-08	
11	11	YES / NO	1.9	Thank. Hui	Hui	19-09-08	
12	12	YES / NO	1.6	Thank. Hui	Hui	19-09-08	
13	13	YES / NO	0.9	Thank. Hui	Hui	19-09-08	
14	14	YES / NO	1.0	Thank. Hui	Hui	19-09-08	
15	15	YES / NO	1.1	Thank. Hui	Hui	19-09-08	
16	16	YES / NO	1.3	Thank. Hui	Hui	19-09-08	
17	17	YES / NO	0.8	Thank. Hui	Hui	19-09-08	
18	18	YES / NO	1.2	Thank. Hui	Hui	19-09-08	
19	19	YES / NO	1.2	Thank. Hui	Hui	19-09-08	
20	20	YES / NO	1.6	Thank. Hui	Hui	19-09-08	
21	21	YES / NO	1.0	Thank. Hui	Hui	19-09-08	

S/No.	FFU S/No.	Motor Running Test	Vibration Test Reading - PASSED	Tests Done By (Name) - PASSED	Signature	Date Done	Remarks
23	23	YES / NO	1.7	Thambi	etamp	19-09-08	
24	24	YES / NO	1.5	Thambi	etamp	19-09-08	
25	25	YES / NO	1.7	Thambi	etamp	19-09-08	
26	26	YES / NO	1.5	Thambi	etamp	19-09-08	
27	27	YES / NO	1.9	Thambi	etamp	19-09-08	
28	28	YES / NO	1.0	Thambi	etamp	19-09-08	
29	29	YES / NO	1.8	Thambi	etamp	19-09-08	
30	30	YES / NO	1.7	Thambi	etamp	19-09-08	
31	31	YES / NO	1.6	Thambi	etamp	19-09-08	
32	32	YES / NO	1.6	Thambi	etamp	19-09-08	
33	33	YES / NO	1.9	Thambi	etamp	19-09-08	
34	34	YES / NO	1.1	Thambi	etamp	19-09-08	
35	35	YES / NO	1.6	Thambi	etamp	19-09-08	
36	36	YES / NO	1.0	Thambi	etamp	19-09-08	
37	37	YES / NO	1.2	Thambi	etamp	19-09-08	
38	38	YES / NO	0.9	Thambi	etamp	19-09-08	
39	39	YES / NO	1.2	Thambi	etamp	19-09-08	
40	40	YES / NO	1.8	Thambi	etamp	19-09-08	
41	41	YES / NO	1.5	Thambi	etamp	19-09-08	
42	42	YES / NO	1.7	Thambi	etamp	19-09-08	
43	43	YES / NO	0.9	Thambi	etamp	19-09-08	
44	44	YES / NO	1.6	Thambi	etamp	19-09-08	
45	45	YES / NO	1.9	Thambi	etamp	19-09-08	
46	46	YES / NO	1.7	Thambi	etamp	19-09-08	
47	47	YES / NO	1.2	Thambi	etamp	19-09-08	
48	48	YES / NO	1.0	Thambi	etamp	19-09-08	
49	49	YES / NO	1.2	Thambi	etamp	19-09-08	

S/No.	FFU S/No.	Motor Runing Test	Vibration Test Reading - PASSED	Tests Done By (Name) - PASSED	Signature	Date Done	Remarks
52	52	YES / NO	1.7	Thank	deul	19-09-08	
53	53	YES / NO	1.7	Thank	deul	19-09-08	
54	54	YES / NO	1.8	Thank	deul	19-09-08	
55	55	YES / NO	1.1	Thank	deul	19-09-08	
56	56	YES / NO	1.5	Thank	deul	19-09-08	
57	57	YES / NO	0.8	Thank	deul	19-09-08	
58	58	YES / NO	1.3	Thank	deul	19-09-08	
59	59	YES / NO	1.6	Thank	deul	19-09-08	
60	60	YES / NO	1.8	Thank	deul	19-09-08	
61	61	YES / NO	2.0	Thank	deul	19-09-08	
62	62	YES / NO	1.1	Thank	deul	19-09-08	
63	63	YES / NO	1.4	Thank	deul	19-09-08	
64	64	YES / NO	1.6	Thank	deul	19-09-08	
65	65	YES / NO	0.7	Thank	deul	19-09-08	
66	66	YES / NO	1.2	Thank	deul	19-09-08	
67	67	YES / NO	1.3	Thank	deul	19-09-08	
68	68	YES / NO	1.5	Thank	deul	19-09-08	
69	69	YES / NO	1.5	Thank	deul	19-09-08	
70	70	YES / NO	1.8	Thank	deul	19-09-08	
71	71	YES / NO	1.9	Thank	deul	19-09-08	
72	72	YES / NO	2.3	Thank	deul	19-09-08	
73	73	YES / NO	1.7	Thank	deul	19-09-08	
74	74	YES / NO	2.0	Thank	deul	19-09-08	
75	75	YES / NO	1.5	Thank	deul	19-09-08	
76	76	YES / NO	1.8	Thank	deul	19-09-08	
77	77	YES / NO	1.3	Thank	deul	19-09-08	
78	78	YES / NO	1.4	Thank	deul	19-09-08	

S/No.	FFU S/No.	Motor Runing Test	Vibration Test Reading - PASSED	Tests Done By (Name) - PASSED	Signature	Date Done	Remarks
81	81	YES / NO	1.6	Thank	cheef	19-09-08	
82	82	YES / NO	1.6	Thank	cheef	19-09-08	
83	83	YES / NO	1.7	Thank	cheef	19-09-08	
84	84	YES / NO	1.7	Thank	cheef	19-09-08	
85	85	YES / NO	1.7	Thank	cheef	19-09-08	
86	86	YES / NO	1.9	Thank	cheef	19-09-08	
87	87	YES / NO	1.1	Thank	cheef	19-09-08	
88	88	YES / NO	1.9	Thank	cheef	19-09-08	
89	89	YES / NO	1.0	Thank	cheef	19-09-08	
90	90	YES / NO	1.8	Thank	cheef	19-09-08	
91	91	YES / NO	1.8	Thank	cheef	19-09-08	
92	92	YES / NO	1.4	Thank	cheef	19-09-08	
93	93	YES / NO	1.8	Thank	cheef	19-09-08	
94	94	YES / NO	1.7	Thank	cheef	19-09-08	
95	95	YES / NO	2.0	Thank	cheef	19-09-08	
96	96	YES / NO	1.1	Thank	cheef	19-09-08	
97	97	YES / NO	1.3	Thank	cheef	19-09-08	
98	98	YES / NO	1.2	Thank	cheef	19-09-08	
99	99	YES / NO	1.3	Thank	cheef	19-09-08	
100	100	YES / NO	1.8	Thank	cheef	19-09-08	
101	101	YES / NO	1.9	Thank	cheef	19-09-08	
102	102	YES / NO	1.8	Thank	cheef	19-09-08	
103	103	YES / NO	1.9	Thank	cheef	19-09-08	
104	104	YES / NO	1.0	Thank	cheef	19-09-08	
105	105	YES / NO	1.6	Thank	cheef	19-09-08	
106	106	YES / NO	1.6	Thank	cheef	19-09-08	
107	107	YES / NO	1.3	Thank	cheef	19-09-08	
108	108	YES / NO	1.9	Thank	cheef	19-09-08	

S/No.	FFU S/No.	Motor Running Test	Vibration Test Reading - PASSED	Tests Done By (Name) - PASSED	Signature	Date Done	Remarks
110	110	YES / NO	1.3	Thaul	Thaul	19-09-08	
111	111	YES / NO	1.2	Thaul	Thaul	19-09-08	
112	112	YES / NO	1.8	Thaul	Thaul	19-09-08	
113	113	YES / NO	1.9	Thaul	Thaul	19-09-08	
114	114	YES / NO	1.3	Thaul	Thaul	19-09-08	
115	115	YES / NO	1.2	Thaul	Thaul	19-09-08	
116	116	YES / NO	1.7	Thaul	Thaul	19-09-08	
117	117	YES / NO	1.2	Thaul	Thaul	19-09-08	
118	118	YES / NO	1.6	Thaul	Thaul	19-09-08	
119	119	YES / NO	1.5	Thaul	Thaul	19-09-08	
120	120	YES / NO	1.6	Thaul	Thaul	19-09-08	
121	121	YES / NO	1.3	Thaul	Thaul	19-09-08	
122	122	YES / NO	1.7	Thaul	Thaul	19-09-08	
123	123	YES / NO	1.1	Thaul	Thaul	19-09-08	
124	124	YES / NO	1.5	Thaul	Thaul	19-09-08	
125	125	YES / NO	2.1	Thaul	Thaul	19-09-08	
126	126	YES / NO	1.5	Thaul	Thaul	19-09-08	
127	127	YES / NO	1.0	Thaul	Thaul	19-09-08	
128	128	YES / NO	1.1	Thaul	Thaul	19-09-08	
129	129	YES / NO	1.7	Thaul	Thaul	19-09-08	
130	130	YES / NO	1.8	Thaul	Thaul	19-09-08	
131	131	YES / NO	1.5	Thaul	Thaul	19-09-08	
132	132	YES / NO	1.2	Thaul	Thaul	19-09-08	
133	133	YES / NO	1.5	Thaul	Thaul	19-09-08	
134	134	YES / NO	0.9	Thaul	Thaul	19-09-08	
135	135	YES / NO	0.9	Thaul	Thaul	19-09-08	
136	136	YES / NO	1.7	Thaul	Thaul	19-09-08	

S/No.	FFU S/No.	Motor Runing Test	Vibration Test Reading - PASSED	Tests Done By (Name) - PASSED	Signature	Date Done	Remarks
139	139	YES / NO	1.6	Thaul	Thaul	19-09-08	
140	140	YES / NO	1.7	Thaul	Thaul	19-09-08	
141	141	YES / NO	1.9	Thaul	Thaul	19-09-08	
142	142	YES / NO	1.7	Thaul	Thaul	19-09-08	
143	143	YES / NO	2.1	Thaul	Thaul	19-09-08	
144	144	YES / NO	1.5	Thaul	Thaul	19-09-08	
145	145	YES / NO	1.9	Thaul	Thaul	19-09-08	
146	146	YES / NO	1.5	Thaul	Thaul	19-09-08	
147	147	YES / NO	1.0	Thaul	Thaul	19-09-08	
148	148	YES / NO	1.8	Thaul	Thaul	19-09-08	
149	149	YES / NO	1.2	Thaul	Thaul	19-09-08	
150	150	YES / NO	1.8	Thaul	Thaul	19-09-08	
151	151	YES / NO	1.7	Thaul	Thaul	19-09-08	
152	152	YES / NO	2.0	Thaul	Thaul	19-09-08	
153	153	YES / NO	1.1	Thaul	Thaul	19-09-08	
154	154	YES / NO	1.7	Thaul	Thaul	19-09-08	
155	155	YES / NO	1.9	Thaul	Thaul	19-09-08	
156	156	YES / NO	1.8	Thaul	Thaul	19-09-08	
157	157	YES / NO	1.0	Thaul	Thaul	19-09-08	
158	158	YES / NO	1.5	Thaul	Thaul	19-09-08	
159	159	YES / NO	1.7	Thaul	Thaul	19-09-08	
160	160	YES / NO	1.8	Thaul	Thaul	19-09-08	
161	161	YES / NO	1.9	Thaul	Thaul	19-09-08	
162	162	YES / NO	1.8	Thaul	Thaul	19-09-08	
163	163	YES / NO	0.9	Thaul	Thaul	19-09-08	
164	164	YES / NO	1.9	Thaul	Thaul	19-09-08	
165	165	YES / NO	1.1	Thaul	Thaul	19-09-08	
166	166	YES / NO	1.7	Thaul	Thaul	19-09-08	

S/No.	FFU S/No.	Motor Running Test	Vibration Test Reading - PASSED	Tests Done By (Name) - PASSED	Signature	Date Done	Remarks
168	168	YES / NO	1.3	Thank	chunf	19.09.08	
169	169	YES / NO	1.7	Thank	chunf	19.09.08	
170	170	YES / NO	1.0	Thank	chunf	19.09.08	
171	171	YES / NO	1.4	Thank	chunf	19.09.08	
172	172	YES / NO	1.8	Thank	chunf	19.09.08	
173	173	YES / NO	1.6	Thank	chunf	19.09.08	
174	174	YES / NO	1.6	Thank	chunf	19.09.08	
175	175	YES / NO	1.3	Thank	chunf	19.09.08	
176	176	YES / NO	1.9	Thank	chunf	19.09.08	
177	177	YES / NO	1.9	Thank	chunf	19.09.08	
178	178	YES / NO	1.6	Thank	chunf	19.09.08	
179	179	YES / NO	1.0	Thank	chunf	19.09.08	
180	180	YES / NO	1.7	Thank	chunf	19.09.08	
181	181	YES / NO	1.7	Thank	chunf	19.09.08	
182	182	YES / NO	1.9	Thank	chunf	19.09.08	
183	183	YES / NO	1.9	Thank	chunf	19.09.08	
184	184	YES / NO	1.7	Thank	chunf	19.09.08	
185	185	YES / NO	1.1	Thank	chunf	19.09.08	
186	186	YES / NO	1.9	Thank	chunf	19.09.08	
187	187	YES / NO	1.7	Thank	chunf	19.09.08	
188	188	YES / NO	2.1	Thank	chunf	19.09.08	
189	189	YES / NO	1.6	Thank	chunf	19.09.08	
190	190	YES / NO	1.7	Thank	chunf	19.09.08	
191	191	YES / NO	1.6	Thank	chunf	19.09.08	
192	192	YES / NO	1.7	Thank	chunf	19.09.08	
193	193	YES / NO	1.0	Thank	chunf	19.09.08	
194	194	YES / NO	1.8	Thank	chunf	19.09.08	

S/No.	FFU S/No.	Motor Running Test	Vibration Test Reading - PASSED	Tests Done By (Name) - PASSED	Signature	Date Done	Remarks
197	197	YES / NO	1.9	Thanh	Thanh	19-09-08	
198	198	YES / NO	1.5	Thanh	Thanh	19-09-08	
199	199	YES / NO	1.3	Thanh	Thanh	19-09-08	
200	200	YES / NO	1.6	Thanh	Thanh	19-09-08	
201	201	YES / NO	1.6	Thanh	Thanh	19-09-08	
202	202	YES / NO	1.1	Thanh	Thanh	19-09-08	
203	203	YES / NO	1.7	Thanh	Thanh	19-09-08	
204	204	YES / NO	2.0	Thanh	Thanh	19-09-08	
205	205	YES / NO	1.7	Thanh	Thanh	19-09-08	
206	206	YES / NO	1.9	Thanh	Thanh	19-09-08	
207	207	YES / NO	1.3	Thanh	Thanh	19-09-08	
208	208	YES / NO	2.0	Thanh	Thanh	19-09-08	
209	209	YES / NO	1.6	Thanh	Thanh	19-09-08	
210	210	YES / NO	1.8	Thanh	Thanh	19-09-08	
211	211	YES / NO	1.1	Thanh	Thanh	19-09-08	
212	212	YES / NO	1.8	Thanh	Thanh	19-09-08	
213	213	YES / NO	1.7	Thanh	Thanh	19-09-08	
214	214	YES / NO	1.9	Thanh	Thanh	19-09-08	
215	215	YES / NO	1.9	Thanh	Thanh	19-09-08	
216	216	YES / NO	2.2	Thanh	Thanh	19-09-08	
217	217	YES / NO	1.9	Thanh	Thanh	19-09-08	
218	218	YES / NO	1.8	Thanh	Thanh	19-09-08	
219	219	YES / NO	1.2	Thanh	Thanh	19-09-08	
220	220	YES / NO	1.8	Thanh	Thanh	19-09-08	
221	221	YES / NO	1.3	Thanh	Thanh	19-09-08	
222	222	YES / NO	1.6	Thanh	Thanh	19-09-08	
223	223	YES / NO	1.3	Thanh	Thanh	19-09-08	
		YES / NO					



S/No.	FFU S/No.	Motor Running Test	Vibration Test Reading - PASSED	Tests Done By (Name) - PASSED	Signature	Date Done	Remarks
226	226	YES / NO	1.9	Thank	deval	19.09.08	
227	227	YES / NO	1.5	Thank	deval	19.09.08	
228	228	YES / NO	1.5	Thank	deval	19.09.08	
229	229	YES / NO	1.0	Thank	deval	19.09.08	
230	230	YES / NO	1.2	Thank	deval	19.09.08	
231	231	YES / NO	1.6	Thank	deval	19.09.08	
232	232	YES / NO	1.7	Thank	deval	19.09.08	
233	233	YES / NO	1.8	Thank	deval	19.09.08	
234	234	YES / NO	1.9	Thank	deval	19.09.08	
235	235	YES / NO	1.3	Thank	deval	19.09.08	
236	236	YES / NO	1.6	Thank	deval	19.09.08	
237	237	YES / NO	1.6	Thank	deval	19.09.08	
238	238	YES / NO	2.0	Thank	deval	19.09.08	
239	239	YES / NO	1.2	Thank	deval	19.09.08	
240	240	YES / NO	1.7	Thank	deval	19.09.08	
241	241	YES / NO	1.1	Thank	deval	19.09.08	
242	242	YES / NO	1.5	Thank	deval	19.09.08	
243	243	YES / NO	1.5	Thank	deval	19.09.08	
244	244	YES / NO	1.9	Thank	deval	19.09.08	
245	245	YES / NO	1.4	Thank	deval	19.09.08	
246	246	YES / NO	1.6	Thank	deval	19.09.08	
247	247	YES / NO	1.9	Thank	deval	19.09.08	
248	248	YES / NO	2.0	Thank	deval	19.09.08	
249	249	YES / NO	1.8	Thank	deval	19.09.08	
250	250	YES / NO	1.3	Thank	deval	19.09.08	
251	251	YES / NO	1.6	Thank	deval	19.09.08	
252	252	YES / NO	1.9	Thank	deval	19.09.08	
		YES / NO					

S/No.	FFU S/No.	Motor Runing Test	Vibration Test Reading - PASSED	Tests Done By (Name) - PASSED	Signature	Date Done	Remarks
255	255	YES / NO	1.3	Tham	Tham	19-09-08	
256	256	YES / NO	2.1	Tham	Tham	19-09-08	
257	257	YES / NO	1.7	Tham	Tham	19-09-08	
258	258	YES / NO	1.0	Tham	Tham	19-09-08	
259	259	YES / NO	1.2	Tham	Tham	19-09-08	
260	260	YES / NO	2.0	Tham	Tham	19-09-08	
261	261	YES / NO	1.7	Tham	Tham	19-09-08	
262	262	YES / NO	1.2	Tham	Tham	19-09-08	
263	263	YES / NO	1.9	Tham	Tham	19-09-08	
264	264	YES / NO	1.1	Tham	Tham	19-09-08	
265	265	YES / NO	1.6	Tham	Tham	19-09-08	
266	266	YES / NO	1.9	Tham	Tham	19-09-08	
267	267	YES / NO	1.6	Tham	Tham	19-09-08	
268	268	YES / NO	1.7	Tham	Tham	19-09-08	
269	269	YES / NO	1.8	Tham	Tham	19-09-08	
270	270	YES / NO	1.0	Tham	Tham	19-09-08	
271	271	YES / NO	0.9	Tham	Tham	19-09-08	
272	272	YES / NO	0.9	Tham	Tham	19-09-08	
273	273	YES / NO	1.3	Tham	Tham	19-09-08	
274	274	YES / NO	1.2	Tham	Tham	19-09-08	
275	275	YES / NO	1.8	Tham	Tham	19-09-08	
276	276	YES / NO	1.6	Tham	Tham	19-09-08	
277	277	YES / NO	2.0	Tham	Tham	19-09-08	
278	278	YES / NO	1.5	Tham	Tham	19-09-08	
279	279	YES / NO	1.3	Tham	Tham	19-09-08	
280	280	YES / NO	1.4	Tham	Tham	19-09-08	
281	281	YES / NO	1.6	Tham	Tham	19-09-08	